

California Family Health Council, Inc.
CEU CHES CME MFT- LCSW
Credit Request Form
Please Print

Name:		
Agency of Employment:		
Title:		
*License #:		*CHES #:
<i>*Required</i>		<i>*Required if you are a Certified Health Education Specialist (CHES)</i>
<u>Note: We can not issue a certificate without a license number</u>		
Address for Mailing Certificate for CEU/CHES/CME/MFT-LCSW credits:		
Address:		
City	State	Zip
Phone: ()		Fax: ()
Email:		
Name of Course for CEU/CHES/CME/MFT-LCSW credits		
Webcast:	<i>Type of Credit Requested (please check one)</i>	
Contraceptive Update Anita Nelson, M.D.	<input type="checkbox"/> CEU # of hours:	1.8 hours
	<input type="checkbox"/> CME # of hours:	1.5 hours
	<input type="checkbox"/> CHES # of hours:	1.5 hours
	<input type="checkbox"/> MFT/LCSW # of hours:	1.5 hours
Dates of Course: August 17, 2010		
For Office Use Only		
Completed Course: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Date Certificate mailed: Date</i>	<i>Month</i>	<i>Year</i>
Comments:		