

Date received by committee _____	Check # _____
Contact Hours Approved _____	Recorded _____
Signature of Committee Member _____	

**Do Not Write In This Box**

**Kansas Water Well Program  
Continuing Education**

**Request for Approval**

**To: Continuing Education Committee**

Attn. Dale Hayse  
c/o KGWA  
P. O. Box 107  
Mullinville, Kansas 67109-0107

Phone: 620-548-2669  
Fax: 620-548-2369

Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Company: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone #: \_\_\_\_\_

I request approval of the following continuing education units.

**Date of Program:** \_\_\_\_\_

**Program Title:** \_\_\_\_\_  
*\*\*\*\*A copy of the program time table and content must be attached.\*\*\*\**

**Presented by:** \_\_\_\_\_

**Signature of Presenter:** \_\_\_\_\_  
**OR**

**If not signed by Presenter, then one of these documents are required:** Class program signed by Presenter or Person in charge of Seminar, or copy of registration signed by Presenter or Person in charge of Seminar that states that you attended, or a Certificate of Attendance or Completion. If these documents are not available, call or write to the committee for instructions.

Number of Contact Hours Attended: \_\_\_\_\_ = Number of C.E.U.'s Requested \_\_\_\_\_

**Include Application fee equal to Number of CEU's x \$10.00 each = \$ \_\_\_\_\_**

**\*\*Application can not be processed without the Application fee\*\*** (Example: 8 CEU's X \$10.00 = \$80.00)  
After June 30<sup>th</sup>, the fee is \$50 per CEU (Example: 8 CEU's X \$50 = \$400)

Make checks payable to Kansas Ground Water Association, or KGWA.

Signature of Applicant: \_\_\_\_\_

**\*\* License Year is July 1 - June 30 \*\***