

Office of Indiana State Chemist
175 S. University Street, West Lafayette, IN 47907-2063

Request for Continuing Certification Hour (CCH) Approval Worksheet

1. **PROGRAM/CONFERENCE** (as this program will be advertised and posted):

Title: _____ Meeting Address: _____
City: _____ State: _____ Zip Code: _____

2. **PROGRAM SPONSOR CONTACT** (this is the address where the attendance sheets will be emailed):

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____ E-mail: _____

3. **DATE(S) OF THE CONFERENCE:** Start Date: _____ End Date: _____

Registration/Website URL: _____

4. **AGENDA** (list only those presentations for which you are seeking CCH approval):

Date: _____ Start Time: _____ End Time: _____
Speaker/Presenter (name and affiliation): _____
Brief Description of Content (see item 4b of instructions for help): _____

Requesting CCHs in Category(ies): _____

- (2nd) AGENDA** (list only those presentations for which you are seeking CCH approval):

Date: _____ Start Time: _____ End Time: _____
Speaker/Presenter (name and affiliation): _____
Brief Description of Content (see item 4b of instructions for help): _____

Requesting CCHs in Category(ies): _____

5. **Must be received at OISC at least **three (3) weeks** prior to the program. This form may be printed & faxed or e-mailed to: davi1090@purdue.edu.**