



**SWANA**<sup>®</sup>  
SOLID WASTE ASSOCIATION  
of North America

# SWANA CERTIFICATION PROGRAM

## Continuing Education Unit (CEU) Report Form

**2009 Northwest Hazardous Waste Conference for Household and Small Business Programs**  
**Seattle, WA**

**June 1-4, 2009**

Name: \_\_\_\_\_ SWANA Identification # \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

Current Certifications Held: \_\_\_ Bioreactor \_\_\_ Landfill \_\_\_ Recycling \_\_\_ Composting \_\_\_ Collection  
\_\_\_ Transfer Station \_\_\_ Construction & Demolition \_\_\_ MSW Systems

**This form may only be signed by a representative of this course/seminar/symposium.** Obtain a signature for each session you attend by a course/seminar/symposium representative at the end of the course. The signature is **MANDATORY** and affirms the attendance of the session(s) as applicable.

**Must attend the entire day to receive contact hours!**

	Bio	Coll	Com	C&D	Land	MSW	Rec	TS
<b>Monday, June 1</b> (Circle all certifications that apply) 8- Hr HAZWOPER								
	Instructor/Staff Signature _____							
	4	4	4	4	4	4	4	4
	Instructor/Staff Signature _____							
Facility Tours	4	4	4	4	4	4	4	4
<b>Tuesday, June 2</b> (Circle all certifications that apply) Technical Sessions								
	Instructor/Staff Signature _____							
	3	3	3	3	3	3	3	3
<b>Wednesday, June 3</b> (Circle all certifications that apply) Technical Sessions								
	Instructor/Staff Signature _____							
	4	4	4	4	4	4	4	4
<b>Thursday, June 4</b> (Circle all certifications that apply) Chemistry Meets Reality								
	Instructor/Staff Signature _____							
	2	2	2	2	2	2	2	2
	Instructor/Staff Signature _____							
Risk Awareness at HHW Facilities	2	2	2	2	2	2	2	2
	Instructor/Staff Signature _____							
DOT Regulations	2	2	2	2	2	2	2	2
	Instructor/Staff Signature _____							
Things That Go Boom	2	2	2	2	2	2	2	2
	Instructor/Staff Signature _____							
Chemical Policy Workshop	4	4	4	4	4	4	4	4

Mail or fax this completed form to the Certification Program Manger at P.O. Box 7219, Silver Spring, Maryland 20907-7219; fax (301) 589-7068. If you have any questions, please call 1-800 GO SWANA or email [cert@swana.org](mailto:cert@swana.org).

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Name \_\_\_\_\_ SWANA ID \_\_\_\_\_

[www.SWANA.org](http://www.SWANA.org)