

Application for Approval of Continuing Education for Certified Wastewater Treatment Facility Operators

10-034 Version 9.2025

Program Provider Name:				
Provider Mailing Address:				
Provider Mailing Address: City		State		Zip Code
Oity		Otate		Zip Gode
Telephone No.	Email Address		Website	_
Name of Program:				
Date(s) of Program:				
Location(s) of Program:				
Professional Development Hours Requested:				
	m. Please do not adver fessional development ntinuing Education I ude: uate detail to identify ear ow the presenter(s) for oplanned for each topic.	requirements un Providers ch topic of the preach topic. Professional de	e represe ntil such p presentati	ent any program or course program is approved by
to the nearest tenth of a contact hour (0.1 hours or six (6) minutes). Description of methods to be used to document and maintain records of attendance. Adequate biographical information for each presenter to demonstrate the instruction or presentation will be conducted by individuals qualified in the program or course topic. Agreement to provide the Department a list of attendees who have completed the program or course within 30 days of its completion.				
Program Self Submittals by Certified Operators (Before submitting, please contact the DWEE to determine whether the proposed program or course has been previously approved).				
Submitted information must incl The contact name, address The program or course age The agenda should include: Detailed timelines to sho	and telephone number nda with adequate deta	il to verify the to	opics of th	ne presentation.
The name of the presen	ter for each topic.	·		
document attendance. How the applicant has or will obtain and maintain records of attendance.				
Comments:				