

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

<b>Program Provider Name:</b>		
<b>Provider Mailing Address:</b>		
(City)	(State)	(Zip Code)
Telephone No.	email address: website: http://	
<b>Name of Program:</b>		
<b>Date(s) of Program:</b>		
<b>Location(s) of Program:</b>		
<b>Continued Education Hours Requested</b>	Municipal/Compatible Hours: Physical/Chemical Industrial Hours:	

Submit the proposed program or course to the Department for approval at least **sixty (60) days** before the date of the proposed program. Please do not advertise or otherwise represent any program or course as approved for meeting the continuing education requirements until such program is approved by the Department.

### Program Submittals by Continuing Education Providers

Submitted information must include:

- Program agenda with adequate detail to identify each topic of the presentation. The agenda should include:
  - Detailed time lines to show the presenter(s) for each topic.
  - The hours of education planned for each topic. Continuing education hours must be recorded to the nearest tenth of an 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 NDEE to determine whether the proposed program or course has been previously approved).

Submitted information must include:

- The contact name, address and telephone number for the sponsoring organization or provider.
- The program or course agenda with adequate detail to verify the topics of the presentation. The agenda should include:
  - Detailed time lines to show the hours of education presentation planned.
  - The name of the presenter for each topic.
- A description of the means by which the continuing education provider has or will document attendance.
- How the applicant has or will obtain and maintain records of attendance.

<b>FOR DEPARTMENT USE ONLY</b>	
Municipal/Compatible Hours: Physical/Chemical Industrial Hours:	
Signature	Date

Comments: