

Application for Approval of Professional Development Hours for Onsite Professionals

WAT152 Version 7.2025

Program Provider Name:				
Provider Mailing Address:				
City		State		Zip Code
Telephone No.	Email Address		Website	
Name of Program:				
Date(s) of Program:				
Location(s) of Program:				
Professional Development Hours Requested		Onsite Wastewater Industry Hours: Business/Safety Peripheral Hours:		
Submit the proposed program of the date of the proposed program as approved for meeting the profite Department. Program Submittals by Prosubmitted information must include: Program agenda with adequinclude: Detailed timelines to show to the nearest tenth of a Description of methods to be Adequate biographical inform will be conducted by individual Agreement to provide the Dewithin 30 days of its completed.	m. Please do not advertise fessional development red fessional Development red detail to identify each to be the presenter (s) for each planned for each topic. Pro n hour (0.1 hours or six (6) to used to document and mation for each presenter to the program of	topic of the position of the p	e represe ntil such poviders oresentati evelopme ds of atte ate the instopic.	ent any program or course program is approved by fon. The agenda should ant hours must be recorded endance.
Program Self Submittals by determine whether the proposed process. Submitted information must include: The contact name, address. The program or course ager agenda should include:	or Certified Professional ogram or course has been produce: and telephone number for and with adequate detail to bow the hours of education parties for each topic.	the sponsor verify the to presentation levelopment	ing organ pics of th planned.	nization or provider. ne presentation. The
Comments:				