



APPLICATION FOR APPROVAL OF TRAINING FOR WASTEWATER OPERATOR/APPRENTICE CONTINUING EDUCATION CREDIT

State Form 51138 (R3 / 2-24)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

FOR IDEM USE ONLY
Approval Number:
Technical Contact Hours:
General Contact Hours:

INSTRUCTIONS

In accordance with 327 IAC 5-23-15, this application must be properly completed for all training courses for which wastewater continuing education credit hours are requested. Forms should be submitted for advance approval at least 60 days before the first date the course is conducted, but must be submitted no later than 90 days after training completion in order to be considered for approval. Mail the completed form to:

Wastewater Continuing Education Coordinator
Indiana Department of Environmental Management
Office of Water Quality
100 N. Senate Ave.
Indianapolis, IN 46204-2251

Notice of application approval and IDEM approval number must be obtained before continuing education contact hours are allowed. Any change in instructor, course presentation, course date(s) or location(s) will require re-evaluation. Providers of approved training must comply with the requirements of 327 IAC 5-23-16.

1. NAME OF TRAINING COURSE:		
2. NAME OF TRAINING COURSE PROVIDER:		3. EMAIL
4. NAME OF TRAINING PROVIDER CONTACT PERSON:		5. TELEPHONE NUMBER:
6. TRAINING PROVIDER ADDRESS (number and street, city, state, zip code):		
7. NAME OF ORGANIZATION SPONSORING COURSE (If different than provider in #2 above):		
8. SPONSOR ADDRESS (number and street, city, state, zip code):		
9. COURSE INSTRUCTOR(S):		
Name:		Name:
Indiana Certified Operator? <input type="checkbox"/> YES Certification #: _____ <input type="checkbox"/> NO		Indiana Certified Operator? <input type="checkbox"/> YES Certification #: _____ <input type="checkbox"/> NO
Occupation (attach resume or bio):		Occupation (attach resume or bio):
10. METHOD OF ATTENDANCE MONITORING AND VERIFICATION (be specific or attach samples):		
11. COURSE CONTENT - Application <u>cannot</u> be evaluated without the following information:		
<input type="checkbox"/> Attach either an outline or narrative, brochure, agenda, workbook, etc. that includes specific topics that are included in the course presentations. <input type="checkbox"/> Include amount of time spent on each topic. Indicate and provide explanation whether the topic deals with <u>technical matters</u> related directly to wastewater treatment plant and sewer system operations, maintenance, management or supervision or <u>general matters</u> that enhance the performance of the certified operator's responsibilities but are not directly related to wastewater treatment plant and sewer system operations, maintenance, management or supervision.		
12. TECHNICAL CONTACT HOURS:	13. GENERAL CONTACT HOURS:	14. TOTAL # OF CONTACT HOURS FOR COURSE (Technical plus General Hours):
* A contact hour is defined as a 50-60 minute instruction session approved by the commissioner and involving a qualified instructor or lecturer.		

15. LIST ALL DATE(S) AND CORRESPONDING LOCATION(S) WHERE COURSE APPROVAL IS REQUESTED:

16. Signature of Applicant: I, the undersigned, certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that all statements made and information provided is true and correct to the best of my knowledge and belief. I also understand that any omissions or misrepresentations may result in denial of this course for continuing education credit.

Signature _____ **Printed Name** _____

I am: Training Provider Course Sponsor Certified Operator Apprentice Other _____

17. SEND A COPY OF THE COURSE APPROVAL LETTER TO THE FOLLOWING INDIVIDUAL(S).

Name:	Name:
Address (number and street, city, state, ZIP code):	Address (number and street, city, state, ZIP code):