



**CONTINUING EDUCATION COURSE APPROVAL
APPLICATION FOR INDIANA WATER WELL DRILLER
AND PUMP INSTALLER LICENSE**

State Form 54444 (11-10)

INDIANA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF WATER
402 W. Washington St., Room W264
Indianapolis, IN 46204-2641

Mail completed form to address above.

REQUIRED STANDARDS- For approval, the following standards must be met for each Continuing Education Course pursuant to IC 25-39-3-2 and IC 25-39-4-9.

1. An application should be submitted AT LEAST thirty (30) days prior to scheduled date of course; the Department will approve or deny an application for approval of a continuing education course within ten (10) business days.
2. Subject matter should relate to water well construction, pump installation & repair, grouting, water sample collection, contamination, & other topics the Department determines to be relevant for the continued improvement of the knowledge of the license holder.
3. An **agenda or course outline** showing the duration of the course, listing of instructors, including start and end time, topics, break time, lunch, tour, any fees, etc, must be submitted.
4. Written verification **of course completion** must be provided to all participants in the course.
5. The applicant should also provide a complete listing of participants to the Division of Water not more than forty-five (45) days after course offering on the form provided. (State Form 54446, "Continuing Education Course Report")

I. APPLICANT INFORMATION

Name of Organization or Company			
Telephone Number	Work Number		Cell/Home Number
Name of Contact		Title	Fax Number
Mailing Address		City	State ZIP Code
E-mail Address		Website	Date (month, day, year)
Submitted by (if other than the sponsoring organization):			
Name		Name of Company	
Mailing Address			
Fee Charged for Course:	Maximum Number of Participants:		E-mail Address
Telephone Number	Work Number		Cell/Home Number

DO NOT WRITE IN THIS AREA

Approved: Yes No Approval Code: _____ Date: _____

Expiration Date: **Day after Program Ends** CEU Hours Approved: _____

Approval Code: _____

**Indiana Department of Natural Resources
Continuing Education Course Approval Application**

II. COURSE INFORMATION - Submit or attach the following information on each educational course for which approval is desired. Reference to attachments may be noted in the appropriate space.

1. Course Name
 2. Number of Water Well Driller License or Water Well Pump Installer License Continuing Education Units (CEU) requested _____ (excluding breaks, lunch, travel time, etc.)
 3. Course Offering Date (s)
 4. Location Where Course will be Offered
 5. Course Description: Include how this training relates to water well construction, pump installation & repair, grouting, water sample collection, or contamination of water supplies. Other subject matter will be considered on a case by case basis. Use additional sheet(s) if necessary.

 6. List the instructional materials used for the course.

 7. Attendance Monitoring and Verification (Check all that apply)
 - Sign In and Out
 - Badge Scanning
 - ID Verification
 - Other
 8. Criteria or performance measurement used to determine a participant's course completion? (Check any or all that apply)
 - Attend and participate in each session
 - Pass course ending quiz or exam
 - Satisfactorily perform a learned technique or skill
 - Other
 9. This course will be offered on a regular basis.
 - Yes
 - No
 - Do not know
- If yes, approximate repeat offering
- Every 6 months or less
 - Every 6 -12 months
 - Over 12 months
10. Has this course been approved before?
 - Yes
 - No
 - Do not know

III. INSTRUCTOR INFORMATION

Other Attachment (s): Write in the open space below or attach any additional information about the course.

1. Name of Instructor(s)	Title
_____	_____
_____	_____
_____	_____

Questions or concerns should be directed to the

Division of Water
402 W Washington St Rm: W264
Indianapolis, IN 46204-2641
Telephone number: 317-232-4160
Fax number: 317-233-4579