



**State of Louisiana**  
Louisiana Department of Health  
Office of Public Health

**Course Approval form**

Complete and submit this form on each course you wish to offer for continuing education credit.

Today's Date: \_\_\_\_\_ Fee Charged ☐Yes ☐No Open to Public ☐Yes ☐No

Sponsor: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Instructor: \_\_\_\_\_

Scheduled Date(s): \_\_\_\_\_

Location: \_\_\_\_\_

In order to be considered for continuing education credit, you must submit this completed form to [opcet@la.gov](mailto:opcet@la.gov) at least **30 days** prior to the date of the course.

Exam Prep Course: ☐Yes

☐ WATER 1-2

☐ WATER 3-4

☐ WASTEWATER 1-2

☐ WASTEWATER 3-4

☐ OTHER: \_\_\_\_\_

**Course Categories**

<input type="checkbox"/> All Water	<input type="checkbox"/> All Wastewater
<input type="checkbox"/> WP1	<input type="checkbox"/> WP1
<input type="checkbox"/> WD1	<input type="checkbox"/> WD1
<input type="checkbox"/> WT1	<input type="checkbox"/> WT1
<input type="checkbox"/> WWC1	<input type="checkbox"/> WWC1
<input type="checkbox"/> WWT1	<input type="checkbox"/> WWT1

Approved: ☐Yes ☐No Hours: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Comments: \_\_\_\_\_

Approval Authority: \_\_\_\_\_ Approval # \_\_\_\_\_

## Operator Course Agenda Requirements

Please complete all requested fields or include agenda in attachment

SUBJECT	TIME	INSTRUCTOR

## Instructor Qualifications

Please complete all requested fields or include resume and credentials in attachment

Instructor: _____
Employer/Business: _____
Phone Number: _____
Email: _____
Certified Operator / ID: _____
Credentials: _____
Related Experience and Comments: _____