

John Bel Edwards
GOVERNOR



Dr. Courtney N. Phillips
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of Public Health

Engineering Services-Operator Certification Program

Course Approval form

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

Date: _____ Fee Yes No Open to Public Yes No

Sponsor: _____

Contact Person: _____ Email: _____

Address: _____

Phone number(s): _____ Fax number: _____

Instructor(s): _____

Scheduled Date(s): _____

Location: _____

In order to be considered for continuing education credit, you must submit this completed form to the address below at least 30 days in advance.

Attach agenda of training session complete with:

1. Subject(s) to be covered (see page 2)
2. Time to be spent on each subject (see page 2)
3. Categories of certification to be covered (check boxes)
4. Instructor
5. Instructor qualifications (Certifications, education, experience, etc.)

Categories of Certification (check all that apply)			
<input type="checkbox"/> WD1	<input type="checkbox"/> WD2	<input type="checkbox"/> WD3	<input type="checkbox"/> WD4
<input type="checkbox"/> WP1	<input type="checkbox"/> WP2	<input type="checkbox"/> WP3	<input type="checkbox"/> WP4
<input type="checkbox"/> WT1	<input type="checkbox"/> WT2	<input type="checkbox"/> WT3	<input type="checkbox"/> WT4
<input type="checkbox"/> WWC1	<input type="checkbox"/> WWC2	<input type="checkbox"/> WWC3	<input type="checkbox"/> WWC4
<input type="checkbox"/> WWT1	<input type="checkbox"/> WWT2	<input type="checkbox"/> WWT3	<input type="checkbox"/> WWT4
<input type="checkbox"/> ALL WATER	<input type="checkbox"/> ALL WASTEWATER		

If this course is approved by LDH, the instructor or designated sponsoring authority must return a copy of this form with completed sign-in sheet(s). Original sign-in sheet(s) must be turned in no later than 30-days upon completion of the course with Approval Number.

Approved: Yes No Hours: _____ Date Approved: _____

Comments: _____

_____ Date Input: _____

Approval Authority _____ Approval # _____

Operator Course Agenda Requirements

(Please complete all requested fields)

Date(s) of Class: _____ Location: _____

1. Subject(s) to be covered
2. Time to be spend on each subject
3. Categories of certification (use check boxes on page 1)
4. Instructor
5. Instructor qualifications (Certifications, education, experience, etc.

Subject(s) to be covered	Time	Instructor

The purpose of this section it to insure all training material presented is relevant to Operator Certification requirements and is presented by reliable and experienced persons in their respective fields. The State Training Officer shall make approval of training material and Instructors.

Instructor Qualifications

Instructor Name	
Employer/Business	
Title	
Phone Number	
Mobile Number	
Email	
Education	
Certified Operator / ID	<input type="checkbox"/> No <input type="checkbox"/> Yes Operator ID No. _____
Years of Environmental Service	
Related Experience and Comments	
Use additional sheet if needed	