



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DRINKING WATER SECTION

STATE USE ONLY	
Organization # _____	
Application ID _____	
Action _____	
Action date _____	
Course # _____	
Effective Date _____	
Expiration Date _____	
Training Hours _____ CEU's	
_____ TCH's	

Application For Operator Training Course Approval
Classroom-type learning

*This form must be completed and submitted to the Drinking Water Section at least sixty days prior to the date of the course's start date. The completion and submittal of this form does not constitute an automatic course approval. You will be notified in writing of approval or denial.
Please type or print in blue ink.*

INDIVIDUAL TRAINING COURSE INFORMATION	
Name of Course/Training Program	
Type of Course/Training Program (check one) <input type="checkbox"/> Classroom <input type="checkbox"/> Conference <input type="checkbox"/> Teleconference <input type="checkbox"/> Seminar <input type="checkbox"/> Other (describe): _____	
Location of Course Program (street address)	
Date(s) Course or Program is to be held	
Description of facility (check one) <input type="checkbox"/> Educational institution <input type="checkbox"/> Training Facility <input type="checkbox"/> Classroom/Conference Room <input type="checkbox"/> Hotel/Conference Center <input type="checkbox"/> Water Company Office <input type="checkbox"/> Other (describe): _____	

Provider information			Name of Person requesting approval (if different than provider)		
Name			Name		
Contact name/Title			Address		
Address			City	State	ZIP Code
City	State	ZIP Code	Telephone	Fax	
Telephone	Fax		E-mail Address		
E-mail Address			Affiliation		
Web site address (if applicable)			Web site address (if applicable)		

I attest that to the best of my knowledge, the information contained in this application is complete and accurate.

Signature of Provider Contact or Person Requesting Approval: _____ Date: _____

TRAINING RELEVANCY INFORMATION
Please briefly describe how the training you submitted for approval applies to the operation of a public water system:

The following must be submitted with your course approval application (check off each that is included with this submission):

- 1. A list of all instructional material (material must be made available to the DPH upon their request).
- 2. A list of any audiovisual materials to be used, such as videotapes, slides, slide/tape presentation, films and overheads.
- 3. Biographies/resumes of instructor(s) which details the instructor's competence in the subject matter.
- 4. The course outline showing the topic(s) to be presented and time allotted for each (including beginning and ending times). The outline must include the training course or session objective(s) (Credit for training hours is based upon actual contact time in the training). All breaks and meal times must be noted on the agenda and will not count toward contact time. Excessive time allotted for introduction or welcomes will not count toward contact time. The minimum credit issued is one training (1.0) hour. Credit issued in increments of one-half (0.5) hour.
- 5a. A copy of the format for the certificate of completion being issued to the attendees containing but not limited to the following information:
 - attendee's name;
 - name of course;
 - training hours issued;
 - date the course was held;
 - name of the co-sponsoring or sanctioning organization, if applicable;
 - name of responsible individual within the organization;
 - name of organization issuing certificate and keeping the records.**OR**
- 5b. Use template attached to the application
- 6a. A copy of the attendance roster used, which must contain but is not limited to:
 - name of the course;
 - training hours issued;
 - course code if applicable;
 - date and time the course was held;
 - location of the course;
 - name of course instructor;
 - names of attendees;
 - morning and afternoon section for signing in and out.(If the course is for more than one day the roster must show each day of attendance).**OR**
- 6b. Use template attached to the application
- 7a. A copy of the training evaluation form which measures the quality of the training.**OR**
- 7b. Use template attached to the application

8. TYPE OF CONTINUING EDUCATION UNIT ISSUED (Select One)

- | | |
|--|-----------------|
| <input type="checkbox"/> Continuing Education Unit | How many CEU's? |
| OR | |
| <input type="checkbox"/> Training Contact Hours | How many TCH's? |

EQUIVALENCIES AND DEFINITIONS

Equivalencies

- Courses granting Continuing Education Units (CEU) will be issued training hours on a basis of one (1.0) CEU = ten (10) training hours.
- College credit for applicable courses will be issued at 15 training hours per 1 credit hour.
- Courses granting Training Contact Hours (TCH) will be issued training hours on a basis of one (1.0) TCH = one (1.0) training hour.

Definitions:

Continuing Education Unit (CEU): Ten contact hours of participation in an organized continuing education experience under responsible sponsorship, capable direction and qualified instruction (refer to the IACET Continuing Education Unit Criteria and Guidelines, Fifth Edition, for the ten specific CEU criteria).

Training Contact Hour (TCH): One clock hour (60 minutes) of interaction as defined under contact. Contact is defined as interaction between a learner and instructor. Contact implies two way communication in order for the learner to receive feedback to monitor and assess learning.

9. NON-ENDORSEMENT STATEMENT (Select One)

- | |
|--|
| <input type="checkbox"/> The training provider will not include any product or service endorsements as part of the course content.
OR
<input type="checkbox"/> <i>Write your own statement (refer to Guidance Document Operator Certification Training Approval on DWS website for required content)</i> |
| |
| |
| |
| |
| |
| |
| |
| |

10. RECORDS RETENTION STATEMENT (Select One)

A copy of the prescribed training materials and course information will be retained on file by the organization for at minimum of seven years from the date training was offered. Copies of materials to be retained include: seminar instructional/training materials, attendance roster, evaluation forms, and course completion certificates

OR

Write your own statement (refer to Guidance Document Operator Certification Training Approval on DWS website for required content)

11. SATISFACTORY COMPLETION STATEMENT (Select One)

No credit for training hours will be given prior to the completion of any training course. Participants must attend the entire session and satisfactorily complete the program. Training providers may issue full credit for training hours to participants that miss no more than 10% of the course, due to unusual circumstances (e.g. illness, emergencies). The completion date of a multi-day course is the last day of the course.

OR

Write your own statement (refer to Guidance Document Operator Certification Training Approval on DWS website for required content)

Mail or Fax Completed Form to:

State of Connecticut
Department of Public Health
Drinking Water Section
410 Capitol Avenue - MS # 51WAT
P.O. Box 340308
Hartford, CT 06134
Fax: (860)509-7359

CERTIFICATE OF COMPLETION

ISSUED TO
Name of Recipient
Address

IN RECOGNITION OF SATISFACTORY COMPLETION OF THE

(Date course was held)
(List course title)

SPONSORED BY:
Name of sponsoring organization
Name of co-sponsoring organization if applicable

Approved for (Number of CEU's or TCH)

Signature of Responsible party

Name of Responsible party: _____

Name of Sponsoring organization: _____

Sponsoring Authority: _____

Name of Organization issuing certificate & maintaining records:

Street: _____

City, State, Zip: _____

CLASS ROSTER

Name of Course:
 Date:
 Course Code (if applicable):
 Time of Class:
 Location:
 Instructor:
 Amount of TCH or CEU: _____(unit)

<u>Am sign in</u>	<u>Time</u>		<u>Pm sign in</u>	<u>Time</u>	
	<u>In</u>	<u>Out</u>		<u>In</u>	<u>Out</u>
<i>Jeffrey Jones</i>	<i>8:01 am</i>	<i>11:50 am</i>	<i>Jeffrey Jones</i>	<i>1:33 pm</i>	<i>4:00 pm</i>

TRAINING EVALUATION FORM
Name of Organization/Course Title
Address
Date

Please give us your feedback to help us assess this workshop and improve events. Thank you.

Name (Optional): _____

Organization (Optional): _____

Please rate the value of the information provided on the following sessions: 4 (Highest) to 1 (Lowest)
 There is space below the individual session titles or at the bottom of the page for comments.

Session Title	Rating (Please Check Box)			
	4 highest		1 lowest	
Topic 1	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Topic 2	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Overall Rating	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

General Comments:

What particular information (certain session or handout) was most useful to you and why?

What recommendations do you have for improving future workshops?
