



# State of Louisiana

Louisiana Department of Health

## Course Approval Form - Operator Certification Program

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 \_\_\_\_\_ E Mail \_\_\_\_\_

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
2. Time to be spent on each subject
3. Categories of certification to be covered
4. Instructor qualifications (Certifications held, education, experience, etc.)

Categories of Certification to be covered			
Check all that apply			
WD1	WD2	WD3	WD4
WP1	WP2	WP3	WP4
WT1	WT2	WT3	WT4
WWC1	WWC2	WWC3	WWC4
WWT1	WWT2	WWT3	WWT4
ALL WATER		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

Date / Location:

Topic:

# Instructor Qualifications Form

The purpose of this form is to provide the Operator Certification office with the names of all instructors, their qualifications, certification levels, including their education and work experience credentials. This will ensure qualified instructors performing the training received by operators.

Please complete and submit along with course approval form

Name of Instructor: \_\_\_\_\_

## Contact Information

Name of Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

FAX number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Instructor Qualification Data:

Education:

\_\_\_\_\_  
\_\_\_\_\_

Operator Certification/Levels:

\_\_\_\_\_  
\_\_\_\_\_

Years of Environmental Service: \_\_\_\_\_

Please list all related experience and any other comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use additional sheet if necessary