



APPLICATION FOR APPROVAL OF TRAINING FOR CONTINUING EDUCATION - DRINKING WATER

State Form 45675 (R / 08-2005)
Pending Approval by State Board of Accounts
327 IAC 8-12-7.1 Edition 2003

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

FOR OFFICE USE ONLY	
Indiana Drinking Water Approval Number	
Maximum Credit Hours	

Name of training course:	
Name of organization offering the course:	
Address (number and street, city, state, ZIP code)	
Course instructor(s) [indicate whether certified operator(s)] <input type="checkbox"/> Yes <input type="checkbox"/> No	Instructor Name(s)
Address (number and street, city, state, ZIP code)	
Occupation (attach resume or biography)	
Name of standby instructor	Address (number and street, city, state, ZIP code)
Number of Contact Hours for this course (a contact hour is defined as a sixty minute participation in an approved classroom program or sixty minutes of participation in an approved program not requiring classroom participation):	
Method of attendance monitoring and verification (be specific or attach samples)	
Cost of course	
Course Content: Attach either an outline or narrative, brochure, agenda, workbook, etc. Include sample or description of any visual aids and handouts. Include amount of time spent on each topic. (Application cannot be evaluated without this.)	
Date(s) course will be presented	
Location(s) course will be presented	
Name of Training Provider Contact Person	Telephone Number
Address (number and street, city, state, ZIP code)	

Send a copy of the course approval notification letter to the following individual(s)

Name
Address (number and street, city, state, ZIP code)
Name
Address (number and street, city, state, ZIP code)

Instructions:

This application must be completed for all drinking water training courses for which continuing education credits will be given. The notice of application approval and the IDEM approval number must be obtained before continuing education contact hours are given.. Any change in instructor or course presentation will require reevaluation. Providers of approved training must comply with requirements of 327 IAC 8-12-7.1 (a)(b)

Mail completed application to:

*Indiana Department of Environmental Management OWQ
Drinking Water Branch -Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251*