



**PUBLIC WATER SUPPLY DRINKING WATER OPERATOR
CONTINUING EDUCATION CREDIT REPORT**

State Form 45674 (R / 08-2005)
Pending Approval by State Board of Accounts
327 IAC 8-12-7.6 Edition 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

**To ensure proper credit, the
Indiana Drinking Water approval
number MUST be submitted on the
form.**

Indiana Drinking Water Approval Number

“PWS_____”

Maximum Credit Hours

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

INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator		Mailing address (number and street):	
City:	State:	ZIP code:	Work telephone number: ()
<input type="checkbox"/> Check here if this is a change of address.			Home telephone number: ()

Title of training course:

Name of organization offering the course:

Number of contact hours approved for the course:

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:

Date Attended: **(Required)** Location attended:

Number of contact hours attended and verified: **(Required)**

Signature of instructor or training provider: **(Required)**

Signature of drinking water operator: **(Required)**