



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 (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 held, education, experience, etc.) (see page 2)

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(s) of Class

Location:

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

(1.) Subject(s) to be covered

(2.) Time

(4.) Instructor

(1.) Subject(s) to be covered	(2.) Time	(4.) 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.

(5.) Instructor Qualifications

Instructor Name			
Employer / Business			
Title			
Phone Number			
Mobile Number			
E Mail			
Education			
Certified Operator / I. D.	No	Yes	Operator ID No.
Years of Environmental Service			
Related Experience and Comments			