



CONTACT HOUR COURSE APPROVAL APPLICATION

Division of Drinking and Ground Waters
 Operator Certification Unit
 PO Box 1049
 Columbus, OH 43216-1049
 Phone (614) 644-2752 Fax (614) 644-2909

DO NOT WRITE IN THIS BOX		
Approved:	Yes	No
Date:		
Approval Number:		
Contact Hours Assigned:		
Approval expires 3 years after above date.		

****Failure to fill out all of the required fields or submit all required information may result in the return of this application. ****

ALL COURSE APPLICATIONS MUST BE SUBMITTED WITHIN 30 DAYS OF THE COURSE DATE.

Required Standards – For approval, the following standards must be met for each Training Provider.

1. Training providers must provide training that is relevant to the operation, maintenance or management of a public water system or sewerage system.
2. Training providers must use approved instructors.
3. Training providers must maintain attendance records for a period of three years from the most recent date of training.
4. All applications must be accompanied by a course syllabus, detailed time agenda (which distinguishes training time from break and lunch times).
5. Operators must provide proof of course attendance (certificate of completion, attendance log signed by instructor, etc.)
6. Operators may only apply for course approval for courses they have already completed. Approval will not be granted for in progress courses.

I. To Be Completed ONLY By TRAINING PROVIDERS Seeking Course Approval

Firm or Company Name:		
Contact Person:	Telephone Number:	Fax Number:
Permanent Mailing Address:		
E-mail Address:		

Approval Sought: Drinking Water Wastewater Both

II. To Be Completed ONLY By OPERATORS Seeking Contact Hour Approval For Courses Which Training Providers Have Not Submitted For Approval

Name:	Certification Number:
Address:	
Phone Number:	Fax Number:
E-mail Address:	

III. Course Information – Reference any attachments in the appropriate space.

Course Title:
Dates/Locations of Training:
Number of Contact Hours Requested (total class time, excluding breaks, lunches and registration):
Detail the information contained in the course:
Check the Instructional Format: <input type="checkbox"/> Classroom <input type="checkbox"/> In-House Training <input type="checkbox"/> Correspondence Course <input type="checkbox"/> Video (group setting) <input type="checkbox"/> Internet <input type="checkbox"/> Other:
Method of attendance monitoring and/or documentation of course attendance: Attach a copy of the method for documenting attendance.
Check Course Subject *: <input type="checkbox"/> Operation & Maintenance <input type="checkbox"/> Other:

* Course subject area dependent on approval by Ohio EPA.

IV. Instructor Information - Reference any attachments in the appropriate space.

Name:	Title:	Occupation:
Professional Organization/Company/Agency Represented:		
Business Address:	Phone:	
Credentials, Resume or Biographical Information detailing Instructors qualifications for teaching this course:		

Standby or Co-Instructor

Name:	Title:	Occupation:
Professional Organization/Company/Agency Represented:		
Business Address:	Phone:	
Credentials, Resume or Biographical Information detailing Instructors qualifications for teaching this course:		

Sponsoring Organization, Company or Firm or Accredited College, University or School:

Name:	Contact Phone:
Address:	
Contact Person:	Title:

As the applicant for contact hour course approval, I confirm that all information provided with this application is accurate to the best of my knowledge.

Print Name: _____

Signature: _____ Date: _____

The Operator Certification Advisory Council and the Ohio EPA Operator Certification Unit would like to call your attention to Ohio Administrative Code (OAC) Section 3745-07-12(A) which states: "The Director may suspend or revoke the certificate of an operator, issued under this chapter, upon finding that the operator has: (1) Fraudulently obtained or attempted to obtain any certificate or renewal thereof, or (2) Performed the duties of an operator in a negligent or incompetent manner, or (3) Knowingly or negligently submitted misleading, inaccurate or false reports, documents, or applications to the agency, or (4) Operated in a manner endangering the public health or welfare, or (5) Operated in such a manner to have violated or caused to be violated any provisions of Chapter 6109. or 6111. of the Revised Code."

Electronic versions of applications and program updates may be found at:

<http://www.epa.ohio.gov/ddagw/opcert.aspx>

INSTRUCTIONS FOR COMPLETING OHIO EPA CONTACT HOUR COURSE APPROVAL APPLICATION

- Training providers may submit courses for approval prior to or within thirty (30) days of course completion.
- Operators may submit courses for approval within thirty (30) days of completion of the course with proper attendance documentation.
- One application is to be submitted for each individual training course.
- Attachments are permitted when they are noted in the appropriate section(s) and labeled accordingly.

I. Applicant Information - Training provider

1. The name of the Training Organization sponsoring/offering the course.
2. The name of the contact person coordinating the training.
3. The phone number of the course contact person.
4. The address to which approval information should be sent.
5. The type of approval being sought for the course based on subject material.

II. Applicant Information - Operator

1. The name of the certified operator submitting the application for contact hour credit
2. The certification number the operator is applying for contact hour credit towards.
3. The telephone number of the certified operator.
4. The home mailing address of the certified operator.

DO NOT FILL OUT SECTIONS I AND II ON THE SAME APPLICATION.

If you are an instructor, you may submit the course for approval either thru your organization or as an operator seeking individual approval to obtain contact hours for yourself.

III. Course Information

1. The name of the course.
2. The known dates and locations the training will be held.
3. The number of contact hours requested, excluding breaks, lunches, registrations, etc. This may include a five to ten minute question and answer period.
4. Detailed information describing course content learned/taught.
5. The type of instructional format.
6. The method of attendance monitoring and grade verification.

IV. Instructor Information

1. The name of the instructor teaching the course.
2. The title of the instructor.
3. The occupation of the instructor.
4. The name of the organization, company or agency the instructor represents.
5. The business address of the course instructor.
6. The business phone number of the instructor.
7. The course instructor's background applicable to the course. A resume of relevant training and experience should be attached. The instructor should be pre-approved by Ohio EPA. Use of instructors not approved by Ohio EPA could result in revocation of course approval and loss of contact hour credits.
8. The sponsoring organization, company or firm or accredited college, university or school should be filled out by Operators who are applying for courses which training providers have not submitted.

Attachments to include:

1. Detailed timed agenda noting beginning and ending times for the course, as well as breaks, lunches, registration periods, question and answer sessions, group exercises, roundtable discussions, etc.
2. A brief description of the credentials for every instructor.
3. A course syllabus detailing the subject matter being taught.
4. Operators applying for approval shall include a copy of the proof of attendance. All contact hour and attendance records are the responsibility of Training Providers and Operators, and not that of Ohio EPA.

The application should be signed and dated by the Operator or Training provider Contact person who is applying for contact hour course approval. By signing, the applicant accepts full responsibility for all information submitted.

Additional information for Operator Certification can be found at:

<http://www.epa.ohio.gov/ddagw/opcert.aspx>