



## How to apply for a contact hour course as a certified operator:

As you navigate the e-Biz pages, you will notice Information boxes, indicated with the  icon . The information in these boxes will give you helpful tips and guidance for understanding and completing your e-Biz tasks.

1. To begin the process of applying for a contact hour course, you will need to log into the eBusiness Center <https://ebiz.epa.ohio.gov/>. You will enter your OHID and password.

State of Ohio | Ohio EPA



## eBusiness Center

Ohio EPA's eBusiness Center (eBiz) is a secure portal for online business services. eBiz is the entry point for our customers to electronically complete and file reports, make payments and submit permit and grant applications. See below for a complete list of services offered.

New State of Ohio OH|ID portal (OH|ID) login process as of November 6, 2020.



**Do not use Microsoft Internet Explorer - eBiz is supported in Google Chrome and Microsoft Edge.**

To access eBiz, you must have an account in OH|ID and click on the Ohio EPA eBusiness Center tile.

**IMPORTANT:** To access your eBiz account data, the email addresses in OH|ID and eBiz must match.

Please watch a short  OH|ID portal login video.



 [OH|ID Step-by-Step Instructions](#)

### Need Assistance? Start here!

#### [eBiz Help Wizard](#)

- Login assistance
- Contacts for services
- Help with PIN

#### [OH|ID eBusiness Center FAQ](#)

#### **eBiz live help available**

Weekdays 8AM - 5PM

except state holidays

[ebizhelpdesk@epa.ohio.gov](mailto:ebizhelpdesk@epa.ohio.gov)

(877) 372-2499 | (877) EPA-BIZZ

- ❖ If you do not have an OHID, click the following [link](#) for instructions.

- The eBusiness Center home page will open. In the first box you will see a list of services that are available through the eBusiness Center. You will scroll down to the service called “Water/Wastewater Operators” and click that title.

Available Services (What is this?)				
Service	Action	Status	Facilities	Delegations
Air Services	<a href="#">Request</a>	Inactive	<a href="#">view/edit</a>	
Conference and Events Registration	<a href="#">Request</a>	Inactive	<a href="#">view/edit</a>	
Division of Surface Water Credible Data	<a href="#">Request</a>	Inactive	<a href="#">view/edit</a>	
Division of Surface Water NPDES Permit Applications (STREAMS)		Inactive		
DMWM Compliance	<a href="#">Request</a>	Inactive	<a href="#">view/edit</a>	
DMWM Compost/Scrap Tire Facility Registration	<a href="#">Request</a>	Inactive	<a href="#">view/edit</a>	
DMWM Infectious Waste Generator Registration	<a href="#">Request</a>	Inactive		
DMWM Scrap Tire Transporter Registration	<a href="#">Request</a>	Inactive		
DMWM Solid Waste/C&DD Disposal Fees (Submit Report)	<a href="#">Request</a>	Inactive	<a href="#">view/edit</a>	
DMWM Solid Waste/C&DD Facility Licensing	<a href="#">Request</a>	Inactive	<a href="#">view/edit</a>	
DSW 401 Certification and Isolated Wetlands Permit		Inactive	<a href="#">view/edit</a>	
e-DMR	<a href="#">Request</a>	Inactive	<a href="#">view/edit</a>	
e-Drinking Water Reports	<a href="#">Request</a>	Inactive	<a href="#">view/edit</a>	
Generic File Upload	<a href="#">Request</a>	Inactive		
Hazardous Waste Report (eDRUMS)	<a href="#">Request</a>	Inactive	<a href="#">view/edit</a>	
OEEF Grant Service (No PIN Required)	<a href="#">Request</a>	Inactive		
Pay Ohio EPA Fees Online	<a href="#">Request</a>	Inactive	<a href="#">view/edit</a>	
Water/Wastewater Exam Providers	<a href="#">Request</a>	Inactive		
<b>Water/Wastewater Operators</b>	<a href="#">Deactivate</a>	Active		
Water/Wastewater Training Providers	<a href="#">Request</a>	Inactive		

- If you do not have the Operator service, follow the instructions at this [link](#). NOTE: When registering for the service, it will ask if you have a core person ID. **If you have a certificate or if you have ever taken an exam with Ohio EPA, you have a core person ID.** So you will select “Yes” from the drop down list. You will need to enter your core person ID and the last four digits of your Social Security Number (SSN). Your core person ID is the middle seven or eight digits of your certification number. If you are not sure of your core person ID please contact the operator certification unit at 1-866-411-OPCT (6728).
- The Operator Service home screen will open, and your operator profile will load. At the bottom of the page, you will see a section titled Contact Hours. In this section, you will find all the contact hour courses you have received credit for completing. If you have attended a course that **had not been approved** for contact hours, you may submit an application for review by clicking on the Apply for Contact Hours button. If the course is already approved, please follow the instructions on this [link](#).

Contact Hours										<a href="#">Apply for Contact Hours</a>
Course Approval No.	Course Name	Approval Type	Training Provider	Date	Subject	Hours	Hours Available	Hours Applied	Status	Action
OEPA-8550277-OM	Functions & Calculus MAT 126	Both	Cincinnati State TBC College	04/11/2013	OM	75.0	66.0	9.0	APPROVED	
OEPA-8561945-X	Powered Industrial Trucks (Initial Training)	Both	Cleveland Div of Water, Occupational Health&Safety	01/01/2014	OTHER	6.5	-1.5	8.0	APPROVED	
OEPA-8541289-OM	Trenchless Technology New Installations, Session 3	Both	City of Sylvania, Ohio	10/10/2012	OM	1.75	1.75	0.0	APPROVED	

4. The following screen will open. If you have any additional documents (i.e. syllabus) that you cannot attach to this application please email them directly to [opcert@ohio.epa.gov](mailto:opcert@ohio.epa.gov). Please title the email- Course application: *the course title you indicated on the application*.

### Certified Operator Course Application

**Need Help?**  
To get help send an e-mail to [internet.opcert@epa.ohio.gov](mailto:internet.opcert@epa.ohio.gov) or call the operator certification unit at 1-866-411-6728.

**Applicant Information**

The applicant may be either a person or an organization. Please enter the appropriate applicant information in the spaces below.

<p>Core Person ID : 1132459            Applicant Name: Tab Brewster            SSN Last 4: 1111            EBiz Account Name: opcert_user            Email Address: tanushree.courlas@epa.ohio.gov            Home/Cell Phone: (614) 644-2764            Business Phone: (614) 644-2764</p>	<p>Mailing Address Line 1: 50 Town St            Mailing Address Line 2:            City: Columbus            Address County : Franklin            State: OH            Zip: 43215            Country: USA</p>
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**Course Information**

Add information regarding the course for which you are requesting approval. Please note courses must have been completed within the last 30 days or be scheduled for a future date.

<p>* Course Title: <input type="text"/></p> <p>* Course End Date: <input type="text"/></p> <p>* Subject Area: <input type="text" value="&lt;select&gt;"/></p> <p>* Instructor Name: <input type="text"/></p> <p>* Training Provider Name: <input type="text"/></p> <p>* Agenda: <input type="text" value="upload"/></p> <p>* Proof of Attendance: <input type="text" value="upload"/></p>	<p>* Contact Hours: <input type="text"/></p> <p>* Approval Type: <input type="text" value="&lt;select&gt;"/></p> <p>* Format: <input type="text" value="&lt;select&gt;"/></p> <p>* Detail: <input style="width: 100%; height: 40px;" type="text"/></p>
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**Course Sponsor Information**

Add information about the company, municipality or person that provided the training.

<p>* Training Provider Name: <input type="text"/></p> <p>* Contact's First Name: <input type="text"/></p> <p>Contact's Middle Name: <input type="text"/></p> <p>* Contact's Last Name: <input type="text"/></p> <p>Prefix: <input type="text"/></p> <p>Suffix: <input type="text"/></p>	<p>* Contact's Title: <input type="text"/></p> <p>* Address Line1: <input type="text"/></p> <p>Address Line2: <input type="text"/></p> <p>* City: <input type="text"/></p> <p>* State: <input type="text" value="OH"/></p> <p>* Zip: <input type="text"/></p> <p>* Phone: <input type="text" value="(xxx) xxx-xxxx"/></p>
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5. Enter the information for the course you have completed in the Course Information section. The Instructor is the person who taught the course. The Training Provider is the company/organization that provided the training. Any field with a \* is a required field and must be populated.

**Course Information**

Add information regarding the course for which you are requesting approval. Please note courses must have been completed within the last 30 days or be scheduled for a future date.

<p>* Course Title: <input type="text"/></p> <p>* Course End Date: <input type="text"/></p> <p>* Subject Area: <input type="text" value="&lt;select&gt;"/></p> <p>* Instructor Name: <input type="text"/></p> <p>* Training Provider Name: <input type="text"/></p> <p>* Agenda: <input type="text" value="upload"/></p> <p>* Proof of Attendance: <input type="text" value="upload"/></p>	<p>* Contact Hours: <input type="text"/></p> <p>* Approval Type: <input type="text" value="&lt;select&gt;"/></p> <p>* Format: <input type="text" value="&lt;select&gt;"/></p> <p>* Detail: <input style="width: 100%; height: 40px;" type="text"/></p>
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6. You will need to upload a copy of the detailed, timed agenda for the course you took. This agenda should note start and end times of the course, as well as the times of the breaks and lunches taken. To begin, click on the blue “upload” link.

**Course Information**

*i* Add information regarding the course for which you are requesting approval. Please note courses must have been completed within the last 30 days or be scheduled for a future date.

\* Course Title:

\* Course End Date:

\* Subject Area:

\* Instructor Name:

\* Training Provider Name:

\* Contact Hours:

\* Approval Type:

\* Format:

\* Detail:

\* Agenda:  [upload](#)

\* Proof of Attendance:  [upload](#)

7. Browse your computer for the location of the saved agenda. Once you find the correct document that corresponds to this course agenda, click Save.

**Document Upload** ✕

*i* Upload the agenda for the course.

\* Document:

8. You will also need to upload the Proof of Attendance for the course you took. To begin, click on the blue “upload” link.

**Course Information**

*i* Add information regarding the course for which you are requesting approval. Please note courses must have been completed within the last 30 days or be scheduled for a future date.

\* Course Title:

\* Course End Date:

\* Subject Area:

\* Instructor Name:

\* Training Provider Name:

\* Contact Hours:

\* Approval Type:

\* Format:

\* Detail:

\* Agenda:  [upload](#)

\* Proof of Attendance:  [upload](#)

9. Browse your computer for the location of the saved proof of attendance. Once you find the correct document that corresponds to this course information, click Save.

10. Proceed to the Course Sponsor Information section. Any field with a \* is a required field and must be populated. Course sponsors can be the same or different from the Training Provider.

**Course Sponsor Information**

*i* Add information about the company, municipality or person that provided the training.

* Training Provider Name:	<input type="text"/>	* Contact's Title:	<input type="text"/>
* Contact's First Name:	<input type="text"/>	* Address Line1:	<input type="text"/>
Contact's Middle Name:	<input type="text"/>	Address Line2:	<input type="text"/>
* Contact's Last Name:	<input type="text"/>	* City:	<input type="text"/>
Prefix:	<input type="text"/>	* State:	OH ▾
Suffix:	<input type="text"/>	* Zip:	<input type="text"/>
		* Phone:	<input type="text"/> (xxx) xxx-xxxx

NOTE: The **Training Provider** is the company or organization providing the instruction. They are also responsible for issuing and maintaining attendance documents. The **Course Sponsor** could be the company or utility hosting the training event.

11. Once you have completed all the information on the page, click Submit.

**Applicant Information**

*i* The applicant may be either a person or an organization. Please enter the appropriate applicant information in the spaces below.

Core Person ID : 1132459	Mailing Address Line 1: 50 Town St
Applicant Name: Tab Brewster	Mailing Address Line 2:
SSN Last 4: 1111	City: Columbus
EBiz Account Name: opcert_user	Address County : Franklin
Email Address: tanushree.courlas@epa.ohio.gov	State: OH
Home/Cell Phone: (614) 644-2764	Zip: 43215
Business Phone: (614) 644-2764	Country: USA

**Course Information**

*i* Add information regarding the course for which you are requesting approval. Please note courses must have been completed within the last 30 days or be scheduled for a future date.

* Course Title:	<input type="text"/>	* Contact Hours:	<input type="text"/>
* Course End Date:	<input type="text"/>	* Approval Type:	<select> ▾
* Subject Area:	<select> ▾	* Format:	<select> ▾
* Instructor Name:	<input type="text"/>	* Detail:	<input type="text"/>
* Training Provider Name:	<input type="text"/>		
* Agenda:	<input type="text"/> upload		
* Proof of Attendance:	<input type="text"/> upload		

**Course Sponsor Information**

*i* Add information about the company, municipality or person that provided the training.

* Training Provider Name:	<input type="text"/>	* Contact's Title:	<input type="text"/>
* Contact's First Name:	<input type="text"/>	* Address Line1:	<input type="text"/>
Contact's Middle Name:	<input type="text"/>	Address Line2:	<input type="text"/>
* Contact's Last Name:	<input type="text"/>	* City:	<input type="text"/>
Prefix:	<input type="text"/>	* State:	OH ▾
Suffix:	<input type="text"/>	* Zip:	<input type="text"/>
		* Phone:	<input type="text"/> (xxx) xxx-xxxx

Save **Submit** Cancel

12. In order to submit the course, you will need to enter your PIN and the answer to your security question. When you are finished, click Submit.

### PIN Validation

**PIN Validation for Course Application**

To complete your Course Application submission please answer the question below:

By transmitting this information using this Personal Identification Number (PIN), I certify that: (1) I have been authorized by Ohio EPA to use this PIN; (2) I am aware of and understand the requirements of my PIN Subscriber Agreement and it is my belief that I have complied with the terms of that agreement in all respects and am using this PIN in accordance with that Agreement; (3) I reviewed, or had the opportunity to review, the electronic version of the information, and I am transmitting the information knowingly; (4) I am without any reason to believe that the confidentiality of my PIN or security questions has or may have been compromised now or at any time prior to this submission; and (5) I understand that I may be subject to civil and criminal liability for falsely certifying.

**PIN:**

**Please answer this security question:**  
 What color is red?

**Submit** **Cancel**

13. The following window will open letting you know you have submitted your contact hour course application for review. Click Continue.

**Certified Operator Course Application Submission Complete**

Your Course Application submission was completed successfully. You will be notified by email once your application has been processed.

[Continue..](#)

14. You will be directed back to your operator profile. At the bottom of the page, you will see the Contact Hours section. In that section, you will see your newly submitted course. It will be labeled as Pending in the Status column.

Contact Hours										Apply for Contact Hours
Course Approval No.	Course Name	Approval Type	Training Provider	Date	Subject	Hours	Hours Available	Hours Applied	Status	Action
DAY-51403-OM	Learnin'	Both	Ohio EPA	10/16/2014	OM	1.0	1.0	0.0	PENDING	
DAY-51403-OM	Learnin'	Both	Ohio EPA	10/16/2014	OM	1.0	1.0	0.0	PENDING	
OEPA-B550277-OM	Functions & Calculus MAT 126	Both	Cincinnati State T&C College	04/11/2013	OM	75.0	66.0	9.0	APPROVED	
OEPA-B561945-X	Powered Industrial Trucks (Intial Training)	Both	Cleveland Div of Water, Occupational Health&Safety	01/01/2014	OTHER	6.5	-1.5	8.0	APPROVED	
OEPA-B541289-OM	Trenchless Technology New	Both	City of Sylvania, Ohio	10/10/2012	OM	1.75	1.75	0.0	APPROVED	

15. Once your course application has been reviewed by Ohio EPA, you will receive an email with the status of the course. The approval or rejection of your course will show in the contact hour block. If the course is approved, the contact hours for the course will become available for you to use on your next applicable operator certificate renewal.

Contact Hours										Apply for Contact Hours
Course Approval No.	Course Name	Approval Type	Training Provider	Date	Subject	Hours	Hours Available	Hours Applied	Status	Action
DAY-51403-OM	Learnin'	Both	Ohio EPA	10/16/2014	OM	1.0	1.0	0.0	PENDING	
DAY-51403-OM	Learnin'	Both	Ohio EPA	10/16/2014	OM	1.0	1.0	0.0	PENDING	
OEPA-B550277-OM	Functions & Calculus MAT 126	Both	Cincinnati State T&C College	04/11/2013	OM	75.0	66.0	9.0	APPROVED	
OEPA-B561945-X	Powered Industrial Trucks (Intial Training)	Both	Cleveland Div of Water, Occupational Health&Safety	01/01/2014	OTHER	6.5	-1.5	8.0	APPROVED	
OEPA-B541289-OM	Trenchless Technology New Installations, Session 3	Both	City of Sylvania, Ohio	10/10/2012	OM	1.75	1.75	0.0	APPROVED	

**Cancel**