STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Application For Operator Training Course Approval
Classroom-type learning

This form must be completed and submitted to the Drinking Water Section at least sixty days prior to the date of the course's start date. The completion and submittal of this form does not constitute an automatic course approval. You will be notified in writing of approval or denial.

INDIVIDUAL TRAINING COURSE INFORMATION

Name of Course/Training Program

Type of Course/Training Program (check one)
☐ Classroom ☐ Conference ☐ Teleconference ☐ Seminar
☐ Other (describe): _____

Location of Course Program (street address)

Date(s) Course or Program is to be held

Description of facility (check one) ☐ Educational institution ☐ Training Facility
☐ Classroom/Conference Room ☐ Hotel/Conference Center ☐ Water Company Office
☐ Other (describe): _____

Provider information	**Name of Person requesting approval (if different than provider)**		
Name	Name		
Contact name/Title	Address		
Address	City	State	ZIP Code
City / State / ZIP Code	Telephone	Fax	
Telephone / Fax	E-mail Address		
E-mail Address	Affiliation		
Web site address (if applicable)	Web site address (if applicable)		

I attest that to the best of my knowledge, the information contained in this application is complete and accurate.

Signature of Provider Contact or Person Requesting Approval:_____   Date:_____

TRAINING RELEVANCY INFORMATION

Please briefly describe how the training you submitted for approval applies to the operation of a public water system:

The following must be submitted with your course approval application (check off each that is included with this submission):

☐   1. A list of all instructional material (material must be made available to the DPH upon their request).

☐   2. A list of any audiovisual materials to be used, such as videotapes, slides, slide/tape presentation, films and overheads.

☐   3. Biographies/resumes of instructor(s) which details the instructor's competence in the subject matter.

☐   4. The course outline showing the topic(s) to be presented and time allotted for each (including beginning and ending times). The outline must include the training course or session objective(s) (Credit for training hours is based upon actual contact time in the training). All breaks and meal times must be noted on the agenda and will not count toward contact time. Excessive time allotted for introduction or welcomes will not count toward contact time. The minimum credit issued is one training (1.0) hour. Credit issued in increments of one-half (0.5) hour.

☐   5a. A copy of the certificate of completion being issued to the attendees is attached, which must contain but not limited to the following information:
        attendee's/operators name;
        name of course;
        training hours issued;
        date the course was held;
        name of the co-sponsoring or sanctioning organization, if applicable;
        name of responsible individual within the organization;
        name of organization issuing certificate and keeping the records;
      OR

☐   5b. Applicant will use the certificate of completion template attached to the application (see p. 5 of 7),

☐   6a. A copy of the attendance roster to be used is attached, which must contain but is not limited to the following information:
        name of the course;
        training hours issued;
        course code if applicable;
        date and time the course was held;
        location of the course;
        name of course instructor;
        names of attendees;
        morning and afternoon section for signing in and out.
         (If the course is for more than one day the roster must show each day of attendance),
      OR

☐   6b. Applicant will use the class roster template attached to the application (see p. 6 of 7),

☐   7a. A copy of the training evaluation form which measures the quality of the training is attached,
    OR

☐   7b. Applicant will use the training evaluation template attached to the application (see p. 7 of 7).

8. TYPE OF CONTINUING EDUCATION UNIT ISSUED (Select One)

☐ Continuing Education Unit   How many CEU's? _____
   OR
☐ Training Contact Hours   How many TCH's? _____

EQUIVALENCIES AND DEFINITIONS

Equivalencies
- Courses granting Continuing Education Units (CEU) will be issued training hours on a basis of one (1.0) CEU = ten (10) training hours.
- College credit for applicable courses will be issued at 15 training hours per 1 credit hour.
- Courses granting Training Contact Hours (TCH) will be issued training hours on a basis of one (1.0) TCH = one (1.0) training hour.

Definitions:

Continuing Education Unit (CEU): Ten contact hours of participation in an organized continuing education experience under responsible sponsorship, capable direction and qualified instruction (refer to the IACET Continuing Education Unit Criteria and Guidelines, Fifth Edition, for the ten specific CEU criteria).

Training Contact Hour (TCH): One clock hour (60 minutes) of interaction as defined under contact. Contact is defined as interaction between a learner and instructor. Contact implies two way communication in order for the learner to receive feedback to monitor and assess learning.

9. NON-ENDORSEMENT STATEMENT (Select One)
☐ The training provider will not include any product or service endorsements as part of the course content.
OR
☐ ***Write your own statement (refer to Guidance Document Operator Certification Training Approval on DWS website for required content)***

10. RECORDS RETENTION STATEMENT (Select One)

☐ A copy of the prescribed training materials and course information will be retained on file by the organization for at minimum of seven years from the date training was offered. Copies of materials to be retained include: seminar instructional/training materials, attendance roster, evaluation forms, and course completion certificates
  OR
☐ *Write your own statement (refer to Guidance Document Operator Certification Training Approval on DWS website for required content)*

11. SATISFACTORY COMPLETION STATEMENT (Select One)

☐ No credit for training hours will be given prior to the completion of any training course. Participants must attend the entire session and satisfactorily complete the program. Training providers may issue full credit for training hours to participants that miss no more than 10% of the course, due to unusual circumstances (e.g. illness, emergencies). The completion date of a multi-day course is the last day of the course.
  OR
☐ *Write your own statement (refer to Guidance Document Operator Certification Training Approval on DWS website for required content)*

Mail or Fax Completed Form to:

State of Connecticut
Department of Public Health
Drinking Water Section
410 Capitol Avenue - MS # 51WAT
P.O. Box 340308
Hartford, CT 06134
Fax: (860)509-7359

CERTIFICATE OF COMPLETION

ISSUED TO
Name of Recipient
Address

IN RECOGNITION OF SATISFACTORY COMPLETION OF THE

(Date course was held)
(List course title)

SPONSORED BY:
Name of sponsoring organization
Name of co-sponsoring organization if applicable

Approved for (Number of CEU's or TCH)

Signature of Responsible party

_____
Name of Responsible party: _____
Name of Sponsoring organization:_____
Sponsoring Authority: _____

Name of Organization issuing certificate & maintaining records:
_____
Street:_____
City, State, Zip:_____

CLASS ROSTER

Name of Course:
Date:
Course Code (if applicable):
Time of Class:
Location:
Instructor:
Amount of TCH or CEU: _____(unit)

Am sign in	Time		Pm sign in	Time_____	
	In	Out		In	Out
Jeffrey Jones	8:01 am	11:50 am	Jeffrey Jones	1:33 pm	4:00 pm

TRAINING EVALUATION FORM
Name of Organization/Course Title
Address
Date

Please give us your feedback to help us assess this workshop and improve events. Thank you.

Name (Optional):_____

Organization (Optional):_____

Please rate the value of the information provided on the following sessions: 4 (Highest) to 1 (Lowest)
There is space below the individual session titles or at the bottom of the page for comments.

Session Title	Rating (Please Check Box)			
	4 highest			1 lowest
Topic 1	☐4	☐3	☐2	☐1
Topic 2	☐4	☐3	☐2	☐1
Overall Rating	☐4	☐3	☐2	☐1

General Comments:

_____

_____

_____

_____

What particular information (certain session or handout) was most useful to you and why?

_____

_____

_____

_____

What recommendations do you have for improving future workshops?

_____

_____

_____