WVBPH OPERATOR CONTINUING EDUCATION HOUR (CEH) APPLICATION

Date:							
This application is for:	Water Operators Water Well Drillers	Wastewater Operate Pump Installers	ors				
Please mark multiple cate	gories above if the course con	tent is applicable to n	nultiple areas.				
Total number of CEHs rec	uested:						
	viously approved for CEHs by number(s) here						
	Course I	nformation					
Title:							

Complete Section or Attach Course Agenda:					
Note any breaks over a 15-minute increment					
Content Area/Topic	Start Time	End Time			

Objective(s):

Instructional Aids:

Instructional Approach:

References:

Instructor Information

Provide this information for <u>each</u> potential instructor. Attach additional sheets if needed.

Compl	ete Section or Attach Resume:					
Name:		Work Address: _				
City/State/Zip:		Telephone:		E-Mail:		
Educat	tion: 🗆 High School or GED, 🗆 Higher Educa	ation – List degrees he	ld:			
Emplo	yment History (beginning with most recei	nt):				
1.	Name:	From:	To:	Telephone:		
Address: City/State/Zip			e/Zip:	ip:		
	Duties/Responsibilities:					
2.	Name:	From:	To:	Telephone:		
	Address:	City/State/Zip:				
	Duties/Responsibilities:					
I	Additional Experience and/or Education in Content Area:					

Sponsoring Organization Information

Sponsor Name:	onsor Name: Sponsor Representative:					
Address:		City/State/Zip:				
Telephone:	Fax:	E-Mail:				
Mission or Business:						
Description of record keeping:						
Description of record keeping:						

Return completed application to:

CEH Training Course Applications Office of Environment Health Services 350 Capitol Street, Room 313 Charleston, WV 25301-3713

NOTE: APPLICATION REVIEW AND AGENCY ACTION TYPICALLY REQUIRE 45 TO 60 DAYS. THEREFORE, A COMPLETE APPLICATION SHOULD BE SUBMITTED AT LEAST 60 DAYS BEFORE THE SCHEDULED COURSE PRESENTATION DATE.

OFFICE USE ONLY - Date Received & Initials: