Mail to:	Commonwealth of Kentucky Department for Environmental Protection	*For Official Use Only* *Do not write in this space*
Division of Compliance Assistance Certification and Licensing Branch Operator Certification Program 300 Sower Blvd. Frankfort, KY 40601	**Certified Training Provider Course Submittal Form** *Drinking Water Treatment, Distribution, Bottled Water, Wastewater Treatment and Collection System* Telephone: 502-782-6189 eec.ky.gov/Environmental-Protection/Compliance-Assistance/operator-certification-program	

COURSE SPONSOR INFORMATION			
Sponsoring Organization		Agency Interest Number	
Key Contact Person Name		Title	
Address	City	State	Zip Code
E-Mail Address		Business Phone Number	

ONLINE TRAINING CREDINTIALS (required for auditing purposes)		
Web Page	User Login Name	Password

GENERAL COURSE INFORMATION	*For official use only. Do not write in this space.*
Title	Approval Number:
Location	Date(s)

Requested Continuing Education Credit hours for **Drinking Water Treatment, Distribution and/or Bottled Water**: _____

Requested Continuing Education Credit hours for **Wastewater Treatment and/or Collection**: _____

☐ Core Content Category: _____
(Can be found on the core content list. Ex.: B3 (Chlorine Safety))

REQUIRED ITEMS (must be attached to submittal, check off as completed)

☐ Timed agenda with a brief description of course

INFORMATION VERTIFICATION (signature of sponsor's contact person requesting course approval)

I confirm that all information provided with this application is accurate to the best of my knowledge. I understand that I must retain this application as well as the course learning objectives, criteria for successful completion by operators and credentials for all instructors for a period of five (5) years for record retention purposes and audits by the Cabinet and Certification Boards. I understand if providing online courses I may be required to provide the Cabinet with login credentials for review purposes. A complete list of attendees and credits to be awarded to operators will be forwarded on a "Continuing Education Activity Report" to the Kentucky Division of Compliance Assistance (within 30 days of completing the course when possible).

Printed Name	Title
Signature	Date

Kentucky UNBRIDLED SPIRIT