



State of Louisiana

Department of Health and Hospitals
Center for Environmental Health Services

Course Approval Form – Operator Certification Program

Complete and submit this form on each course you wish to offer for continuing education credit.

DATE _____ Fee Yes / No Open to Public Yes / No

Sponsor _____

Contact Person _____ E-mail _____

Address _____

Phone number(s) _____ FAX number _____

Instructor(s) _____

Course Title _____

Scheduled Date(s) _____

Location _____

In order to be considered for continuing education credit, you must submit this completed form to the address below at least **30 days** in advance.

Attach agenda of training session complete with:

1. Subject(s) to be covered
2. Time to be spent on each subject
3. Categories of certification to be covered (circle in box)
4. Instructor qualifications (Certifications held, education, experience, etc.)

Categories of Certification to be covered			
(Circle) all that apply			
WD1	WD2	WD3	WD4
WP1	WP2	WP3	WP4
WT1	WT2	WT3	WT4
WWC1	WWC2	WWC3	WWC4
WWT1	WWT2	WWT3	WWT4
ALL WATER		ALL WASTEWATER	

If this course is approved by DHH/OPH, the instructor or designated sponsoring authority must return a copy of this form with completed sign-in sheet(s). Original sign-in sheet(s) must be turned in no later than 30-days upon completion of the course with Approval Number.

Approved: yes / no Hours: _____ Date Approved: _____

Comments: _____

_____ Date Inputted _____

Approval authority: _____ Approval # _____