



Rhode Island Department of Health
Center for Drinking Water Quality

Request for Training Course or Program Approval

Training providers must utilize this form to request training courses/program approval for public water system operators' continuing education requirements. Submitting this form does not guarantee course approval. An official course status letter will be sent to the applicant upon approval or denial of potential training course.

Training Course or Program Information	
Training vendor's organization: _____	
Name of course or program: _____	
Course Type: Classroom Conference Webinar Seminar Online Course Other (describe): _____	
Location of course/program: _____	
Date(s) course/program to be held: _____	
Training Provider Information	Person Requesting Approval (if different than provider)
Name: _____	Name: _____
Contact name and title: _____	Address: _____
Address: _____	City, State, ZIP Code: _____
City, State, ZIP Code: _____	Phone: _____
Phone: _____	Email address: _____
Email address: _____	Affiliation: _____
Website (if applicable): _____	Website (if applicable): _____
Training Relevancy Information	
How does your course or program apply to public water system operations?	

Contact Hours	
Indicate the number of contact hours offered based upon the actual contact time in the training. Contact hours will be issued in increments of one-half (0.5) hours. 1 CEU = 10 TCH	
<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>	

Checklist of Required Supporting Information

Please attach and submit the following documents with your course or program approval request. *For application evaluation, **all materials must be submitted.***

- 1. Course agenda:** description of topic(s) and the time allotted for each, including beginning and ending times. *Please include break and meal times as well.*
- 2. Course materials:** copies of instructional materials, handouts, and presentation materials.
- 3. Instructors' information:** name, address, and background information of instructor(s). If possible, attach resumes showing their competence in the subject matter and ability to communicate content at a suitable level. Also, include instructor's affiliation with the drinking water field.

Name: _____ Title: _____

Organization: _____ Industry affiliation: _____

Name: _____ Title: _____

Organization: _____ Industry affiliation: _____

Name: _____ Title: _____

Organization: _____ Industry affiliation: _____

- 4. Certificate of Completion:** sample copy of the certificate of completion to be issued to the attendees; Certificate should contain attendee's name, course name, renewal credits issued, date of course, and name and affiliation of the course instructor.
- 5. Attendance Roster:** sample of the attendance roster to be used; Roster must contain the name of the course, training contact hours to be issued, date of course, location of course, name of instructor(s), names of attendees, and certificate numbers.

If submitting for a training program, series of courses, or online learning, please include the following:

- 6. Program Information:**
 - Mission statement which outlines the purposes and philosophy that guide the operations of the continuing education training program
 - Written policy to ensure instructor(s) skill in the subject matter and the ability to communicate the program content at a suitable level
 - Written policy for determining the successful completion of the training program
 - Written policy on keeping records, preparing attendance rosters, and issuing certificates of completion

Send request and all supporting documents to:

RIDOH, Center for Drinking Water Quality
Operator Certification Program
3 Capitol Hill, Room 209, Providence, RI 02908
Brenda.Cheaye@health.ri.gov | 401-222-7533

Sign and Date

Signature of Provider Contact or Person Requesting Approval

Date (MM/DD/YY)