



California Water Environment Association Training Activities Notification & Contact Hours Form



Section 1-a: Training/Educational Event Information

Title of Training: _____

Sponsoring Group/Organization: _____

Date: _____ **Start Time:** _____ **End Time:** _____ **Total # Training Hours:** _____

Location: _____ **Address:** _____

(If not in California, include State and Zip Code) **City:** _____

Primary Contact for Event:

Company: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

Email Address: _____

Vocation Targeted (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Biosolids | <input type="checkbox"/> Laboratory Analysis | <input type="checkbox"/> Plant Operations |
| <input type="checkbox"/> Collection Systems | <input type="checkbox"/> Plant Maintenance/General | <input type="checkbox"/> Non-vocation specific |
| <input type="checkbox"/> Environmental Compliance | <input type="checkbox"/> Mechanical Technology | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Electrical/Instrumentation | |

Type of Education/Training Event:

- | | | |
|--|--|--|
| <input type="checkbox"/> Agency In-House Training | <input type="checkbox"/> Dinner Meeting | <input type="checkbox"/> Technical Session |
| <input type="checkbox"/> Certification Prep. Study Session | <input type="checkbox"/> Independent Self-Study Course | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> College/Vocational School Course | <input type="checkbox"/> Seminar | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Short Course | |

Section 1-b: Training/Educational Event Request for Continuing Education Credit

- Review this event for CWEA TCP Continuing Education Contact Hours - Sections 2, 3 & attachments are enclosed.
- CWEA LS or Committees only - Forward this information to the State of California for Operator Continuing Education

Section 2-a: Presenter/Instructor Information

Presenter Name: _____

Title: _____

Company: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Fax Number:** _____

Email: _____

Area(s) of Expertise (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Biosolids | <input type="checkbox"/> Government/Legislative Affairs | <input type="checkbox"/> Management & Supervision |
| <input type="checkbox"/> Collection Systems | <input type="checkbox"/> Laboratory Analysis | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Engineering & Research | <input type="checkbox"/> Maintenance: Elect./Instumen. | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Env. Compliance/ Indust. & Haz. Waste | <input type="checkbox"/> Maintenance: Mechanical | <input type="checkbox"/> Other: _____ |

Years in Field: _____

Does the Presenter wish to receive Contact Hours credit for this presentation? YES (complete Section 3) NO





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Section 2-b: Additional Presenter/Instructor Information

Presenter Name: _____

Title: _____

Company: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Fax Number: _____

Email: _____

Area(s) of Expertise (check all that apply):

Years in Field: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Biosolids | <input type="checkbox"/> Government/Legislative Affairs | <input type="checkbox"/> Management & Supervision |
| <input type="checkbox"/> Collection Systems | <input type="checkbox"/> Laboratory Analysis | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Engineering & Research | <input type="checkbox"/> Maintenance: Elect./Instumen. | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Env. Compliance/ Indust. & Haz. Waste | <input type="checkbox"/> Maintenance: Mechanical | <input type="checkbox"/> Other: _____ |

Does the Presenter wish to receive Contact Hours credit for this presentation?

Yes (complete Section 3) NO

Presenter Name: _____

Title: _____

Company: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Fax Number: _____

Email: _____

Area(s) of Expertise (check all that apply):

Years in Field: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Biosolids | <input type="checkbox"/> Government/Legislative Affairs | <input type="checkbox"/> Management & Supervision |
| <input type="checkbox"/> Collection Systems | <input type="checkbox"/> Laboratory Analysis | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Engineering & Research | <input type="checkbox"/> Maintenance: Elect./Instumen. | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Env. Compliance/ Indust. & Haz. Waste | <input type="checkbox"/> Maintenance: Mechanical | <input type="checkbox"/> Other: _____ |

Does the Presenter wish to receive Contact Hours credit for this presentation?

Yes (complete Section 3) NO

Presenter Name: _____

Title: _____

Company: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Fax Number: _____

Email: _____

Area(s) of Expertise (check all that apply):

Years in Field: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Biosolids | <input type="checkbox"/> Government/Legislative Affairs | <input type="checkbox"/> Management & Supervision |
| <input type="checkbox"/> Collection Systems | <input type="checkbox"/> Laboratory Analysis | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Engineering & Research | <input type="checkbox"/> Maintenance: Elect./Instumen. | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Env. Compliance/ Indust. & Haz. Waste | <input type="checkbox"/> Maintenance: Mechanical | <input type="checkbox"/> Other: _____ |

Does the Presenter wish to receive Contact Hours credit for this presentation?

Yes (complete Section 3) NO



Submit the completed form and any supporting documentation to:
California Water Environment Association
 7677 Oakport Street, Suite 600 Fax: (510) 382-7810
 Oakland, CA 94621 or email: icarino@cwea.org





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Section 3-a: Requirements for CWEA Contact Hours & State CEP Application Review

REQUIRED DOCUMENTATION:

- Course Outline, including details of the program and specific training times for each session.
- Contact Information for all instructors or presenters (Section 2 on Pages 1 & 2 of this form).
- Resume of relevant training and experience for each instructor and presenter.

Section 3-b: CWEA TCP Continuing Education Contact Hours

CERTIFICATES OF SUCCESSFUL COMPLETION:

A certificate of successful completion of the training/educational event, showing successful completion must be provided to the attendees by the sponsoring group or organization.

If the presenter/instructor has requested to receive CWEA TCP Continuing Education Credit, a certificate must also be provided to him/her by the sponsoring group or organization upon completion of the training event.

Templates for use by CWEA Local Sections and Committees are available from CWEA , however use of the template is not required.

It is recommended, but not required, that records of attendees at training events be kept for three years after the event by the sponsoring association/organization. The CWEA Office can not be responsible to

STATEMENT OF UNDERSTANDING

I understand that if the date, time, and/or location is other than shown on this application, CWEA must be notified in writing no less than 15 (fifteen) business days prior to the event.

I understand that if there are any presenter/instructor changes, or other changes to the program, CWEA must be notified in writing no less than 15 (fifteen) business days prior to the event.

I understand that CWEA retains the right to monitor the approved contact hour activities, may withdraw future approval of programs that do not maintain the standards described in the documentation submitted, may require attendee evaluation of the program to assess the value received, and that CWEA pre-approval of contact hours does not imply an endorsement of the course content or quality.

| Educational/Training Program Review Calendar for Certification Contact Hours | |
|---|--------------------------------------|
| Deadline* | For Training Events Occurring... |
| January 1 | February and the 23 following months |
| April 1 | May and the 23 following months |
| July 1 | August and the 23 following months |
| October 1 | November and the 23 following months |
| *If the first of the month is on a weekend or national holiday, forms must be received on the last business day in the prior month. | |

For questions regarding...

- ◇ Event scheduling, posting on the Web, or this Form, contact Leslie Carino at lcarino@cwea.org.
- ◇ State CEPs, Speakers, or Conference Management, contact Julie Taylor at jtaylor@cwea.org.
- ◇ Certification and CWEA Contact Hours, contact Leslie Carino at lcarino@cwea.org, or visit the CWEA website at www.cwea.org/cert_certholders_recertrenew_recert.shtml.

All CWEA staff can be reached during regular business hours by calling (510) 382-7800.

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