



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT OPERATOR CERTIFICATION PROGRAM

INSTRUCTORS APPLICATION FOR TRAINING COURSE APPROVAL

Please complete one (1) form per training session. The form must be mailed to this office at least 30 days prior to the date of the proposed training to receive approval. Mail the completed form and attachments to KDHE – Bureau of Water, Operator Certification Program, 1000 SW Jackson St., Suite 420, Topeka, KS 66612-1367, Attention: Vickie Wessel

PART 1 (PLEASE PRINT): CONTACT PERSON INFORMATION

SPONSORING ORGANIZATION: _____

CONTACT: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP _____

E-MAIL ADDRESS: _____ WORK PHONE: _____ (CELL): _____

PART 2: TRAINING PROVIDER INFORMATION

INSTRUCTOR(S) NAME: _____

EMPLOYER: _____

E-MAIL ADDRESS: _____ TELEPHONE: _____

PART 3: COURSE INFORMATION

TRAINING IS OPEN TO ALL OPERATORS

TRAINING IS FOR IN-HOUSE PERSONNEL ONLY

COURSE TITLE: _____

LOCATION OF TRAINING _____

DATE(S) OF TRAINING: _____

COURSE OUTLINE

A course outline is required for each course submitted for approval. Please, submit a course outline showing the topic(s) to be presented and the time allotted for each topic, including beginning and ending times. All breaks and meal times must be noted. If the course has been previously approved and there are **NO** changes in the content, time allotted, instructors or training material, you do not need to complete Part 4.

PART 4: TRAINING DOCUMENTATION

Please include the following training documentation with this form:

- Name of all instructors and each instructor(s) qualifications including any certification in Drinking Water Treatment, Distribution, Wastewater Treatment or Collections.
- Copy of handouts
- List of all audiovisual materials to be used such as videotapes, slide presentations, PowerPoint presentations or overheads.

----FOR DEPARTMENT USE ONLY----DO NOT WRITE IN THIS SPACE----

Approved for Water Only

Approved for Wastewater Only

Approved for Both Water and Wastewater

Total chair time hours awarded for this training course: _____

Approved by: _____ **Date Approved:** _____