



**PUBLIC WATER SUPPLY DRINKING WATER OPERATOR
CONTINUING EDUCATION CREDIT REPORT**

State Form 45674 (R3 / 4-07)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

**The information in this document is confidential according to 327 IAC 8-12-7.6*

**To ensure proper credit, the Indiana
Drinking Water approval number
MUST be submitted on this form.**

Indiana Drinking Water Approval
Number
"PWS G17-6036"

Maximum Credit Hours
Three (3)

Mail to: Indiana Department of Environmental Management
OWQ Drinking Water Branch - Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251

INSTRUCTIONS: To ensure proper credit, print legibly

*This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.
Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.
Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.*

Name of certified operator _____ Mailing address (number and street): _____

City: _____ State: _____ ZIP code: _____ Work telephone number: () _____

Check here if this is a change of address. Home telephone number: () _____

Title of training course: **Online Course: IS-100 Introduction to Incident Command System**

Name of organization offering the course: **InWARN**

Number of contact hours approved for the course: **Three (3)**

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:	Class/Grade:	Expiration Date:

Date Attended: **(Required)** _____ Location attended: **FEMA online course**

Number of contact hours attended and verified: **(Required)** _____

Signature of instructor or training provider: **(Required)**
Attach a copy of FEMA course completion certificate

Signature of drinking water operator: **(Required)**



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Indiana Drinking Water Approval Number

"PWS G17-6037"

Maximum Credit Hours

Three (3)

**Mail
to:**

Indiana Department of Environmental Management
OWQ Drinking Water Branch - Mail Code 66-34
100 N. Senate Avenue
Indianapolis, IN 46204-2251

INSTRUCTIONS: To ensure proper credit, print legibly

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Name of certified operator

Mailing address (number and street):

City:

State:

ZIP code:

Work telephone number:
()

Check here if this is a change of address.

Home telephone number:
()

Title of training course:

Online Course: IS-200B ICS for Single Resources and Initial Action Incidents

Name of organization offering the course:

InWARN

Number of contact hours approved for the course:

3

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Operator certification number:

Class/Grade:

Expiration Date:

Date Attended: **(Required)**

Location attended: **FEMA online course**

Number of contact hours attended and verified: **(Required)**

Signature of instructor or training provider: **(Required)**

Attach a copy of FEMA course completion certificate

Signature of drinking water operator: **(Required)**



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**To ensure proper credit, the Indiana
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Indiana Drinking Water Approval
Number
“PWS G17-6038”

Mail to:	Indiana Department of Environmental Management OWQ Drinking Water Branch - Mail Code 66-34 100 N. Senate Avenue Indianapolis, IN 46204-2251	Maximum Credit Hours Three (3)

INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

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Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator		Mailing address (number and street):		
City:	State:	ZIP code:	Work telephone number: ()	
<input type="checkbox"/> Check here if this is a change of address.				Home telephone number: ()

Title of training course:
Online Course: IS-700A National Incident Management System (NIMS), An Introduction

Name of organization offering the course:
InWARN

Number of contact hours approved for the course:
Three (3)

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:

Date Attended: **(Required)** Location attended: **FEMA online course**

Number of contact hours attended and verified: **(Required)**

Signature of instructor or training provider: **(Required)**

Attach a copy of FEMA course completion certificate

Signature of drinking water operator: **(Required)**



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Indiana Drinking Water Approval Number

"PWS G17-6039 "

Mail to:	Indiana Department of Environmental Management OWQ Drinking Water Branch - Mail Code 66-34 100 N. Senate Avenue Indianapolis, IN 46204-2251	Maximum Credit Hours <p style="text-align: center;">Three (3)</p>
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Name of certified operator		Mailing address (number and street):		
City:	State:	ZIP code:	Work telephone number: ()	
<input type="checkbox"/> Check here if this is a change of address.				Home telephone number: ()

Title of training course: **Online Course: IS-800B National Response Framework, An Introduction**

Name of organization offering the course: **InWARN**

Number of contact hours approved for the course: **Three (3)**

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:	Class/Grade:	Expiration Date:

Date Attended: **(Required)** Location attended: **FEMA online course**

Number of contact hours attended and verified: **(Required)**

Signature of instructor or training provider: **(Required)**

Attach a copy of FEMA course completion certificate

Signature of drinking water operator: **(Required)**