



WASTEWATER OPERATOR/APPRENTICE CONTINUING EDUCATION CREDIT REPORT

State Form 51139 (R3 / 4-08)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

To ensure proper credit, the wastewater approval number **MUST** be provided.

Training Course Approval Number:
WW17-3044-T00-G03

<input type="checkbox"/> Operator	<input type="checkbox"/> Apprentice	Technical Contact Hours Earned:
		General Contact Hours Earned: Three (3)

INSTRUCTIONS:

In accordance with 327 IAC 5-22-17(c), the training provider **must** submit this form within ninety (90) days of the conclusion of the wastewater treatment continuing education course. Mail the completed form to:

Wastewater Continuing Education Coordinator
Indiana Dept. of Environmental Management
100 N. Senate Ave - Mail Code 65-42
Indianapolis, IN 46204-2251

- Incomplete forms will be returned to the training course provider for completion and resubmittal to IDEM.
- Partial course credit shall not be given to instructors, speakers, or students participating in less than a complete wastewater treatment continuing education course.
- The training provider must retain a copy of this form for their records for a three (3) year period following the presentation of each wastewater treatment continuing education course.
- Training providers are encouraged to provide a copy of the completed and signed credit reporting form to the certified operator/apprentice attending the entire wastewater operator continuing education course.

CERTIFIED OPERATOR/APPRENTICE INFORMATION

1. NAME:			
2. ADDRESS (number and street):			
City:	State:	ZIP code:	Telephone number: Work: <input type="checkbox"/> Home/Cell: <input type="checkbox"/>
Check here if this is an address change <input type="checkbox"/>		E-mail Address:	

COURSE INFORMATION

3. NAME OF TRAINING COURSE: Online Course: IS-100 Introduction to Incident Command System	
4. NAME OF TRAINING COURSE PROVIDER: FEMA Online Course	5. NAME OF ORGANIZATION SPONSORING COURSE: InWARN
6. DATE(S) ATTENDED (month, day, year):	7. LOCATION ATTENDED: FEMA Online Course
8. TOTAL NUMBER OF CONTACT HOURS ATTENDED BY CERTIFIED OPERATOR/APPRENTICE AND VERIFIED BY INSTRUCTOR AND TRAINING COURSE PROVIDER:	
Technical Contact Hours:	General Contact Hours: Three (3)

9. CERTIFICATE OF COMPLETION IS REQUIRED FOR ALL ON-LINE COURSES.

I, the undersigned, certify under penalty of law that this document (and any attachments) were prepared under my direction or supervision and that the information submitted is, to the best of my knowledge and belief, true, accurate, and correct. I also understand that any omissions or misrepresentations may result in the denial of continuing education credit for this course.

10. SIGNATURE OF INSTRUCTOR: Attach a copy of FEMA course completion certificate	11. PRINTED NAME OF INSTRUCTOR:	
12. SIGNATURE OF CERTIFIED OPERATOR/APPRENTICE:	13. PRINTED NAME OF CERTIFIED OPERATOR/APPRENTICE:	
14. CONTINUING EDUCATION CREDIT HOURS ARE TO BE APPLIED TO:		
Operator certification/apprentice number:	Class:	Expiration date:
Operator certification/apprentice number:	Class:	Expiration date:



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To ensure proper credit, the wastewater approval number MUST be provided.
Training Course Approval Number: WW17-3133-T00-G03
Technical Contact Hours Earned:
General Contact Hours Earned: Three (3)

<input type="checkbox"/> Operator	<input type="checkbox"/> Apprentice
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Check here if this is an address change <input type="checkbox"/>		E-mail Address:	

COURSE INFORMATION

3. NAME OF TRAINING COURSE: Online Course: IS-200B ICS for Single Resources and Initial Action Incidents	
4. NAME OF TRAINING COURSE PROVIDER: FEMA Online Course	5. NAME OF ORGANIZATION SPONSORING COURSE: InWARN
6. DATE(S) ATTENDED (month, day, year):	7. LOCATION ATTENDED: FEMA Online Course
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WW17-3134-T00-G03

Technical Contact Hours Earned:

General Contact Hours Earned:

Three (3)

Operator

Apprentice

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Home/Cell:

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COURSE INFORMATION

3. NAME OF TRAINING COURSE:

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

4. NAME OF TRAINING COURSE PROVIDER:

FEMA Online Course

5. NAME OF ORGANIZATION SPONSORING COURSE:

InWARN

6. DATE(S) ATTENDED (month, day, year):

7. LOCATION ATTENDED:

FEMA Online Course

8. TOTAL NUMBER OF CONTACT HOURS ATTENDED BY CERTIFIED OPERATOR/APPRENTICE AND VERIFIED BY INSTRUCTOR AND TRAINING COURSE PROVIDER:

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11. PRINTED NAME OF INSTRUCTOR:

12. SIGNATURE OF CERTIFIED OPERATOR/APPRENTICE:

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State:

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COURSE INFORMATION

3. NAME OF TRAINING COURSE:

Online Course: IS-800B National Response Framework, An Introduction

4. NAME OF TRAINING COURSE PROVIDER:

FEMA Online Course

5. NAME OF ORGANIZATION SPONSORING COURSE:

InWARN

6. DATE(S) ATTENDED (month, day, year):

7. LOCATION ATTENDED:

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