

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

□Operator □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.

			and signed credit reporting form to the		
certified op	· · · · · · · · · · · · · · · · · · ·	e entire wastewater operator co ERATOR/APPRENTICE INFOR			
1. NAME:	CENTILEDO	<u>ENATOWALITE THE COLUMN OF THE</u>	MATION		
·					
2. ADDRESS (number	and street):				
City:	State:	ZIP code:	Telephone number: Work: □ Home/Cell: □		
Check here if this is a	an address change □	E-mail Address:			
		COURSE INFORMATION			
3. NAME OF TRAININ	G COURSE:				
Online Co	urse: IS-100 Introduction	to Incident Command Sys	stem		
4. NAME OF TRAINING COURSE PROVIDER: FEMA Online Course		5. NAME OF ORGANIA	5. NAME OF ORGANIZATION SPONSORING COURSE:		
6. DATE(S) ATTENDED (month, day, year):		7. LOCATION ATTENS	7. LOCATION ATTENDED: FEMA Online Course		
8. TOTAL NUMBER O		Y CERTIFIED OPERATOR/APPRENTI	CE AND VERIFIED BY INSTRUCTOR AND		
Technical Contact Hou	ırs:	General Contact Hours			
		Three	Three (3)		
9. CERTIFICATE OF	COMPLETION IS REQUIRED FOR A	LL ON-LINE COURSES.			
I, the undersigned, cer	tify under penalty of law that this docu	ment (and any attachments) were prepa	ared under my direction or supervision and that the		
	is, to the best of my knowledge and be I of continuing education credit for this		understand that any omissions or misrepresentations		
10. SIGNATURE OF INSTRUCTOR: Attach a copy of FEMA course completion certificate		certificate 11. PRINTED NAME O	11. PRINTED NAME OF INSTRUCTOR:		
12. SIGNATURE OF CERTIFIED OPERATOR/APPRENTICE:		E: 13. PRINTED NAME O	13. PRINTED NAME OF CERTIFIED OPERATOR/APPRENTICE:		
14. CONTINUING EDI	JCATION CREDIT HOURS ARE TO	BE APPLIED TO:			
Operator certification/a	pprentice number:	Class:	Expiration date:		
Operator certification/a	pprentice number:	Class:	Expiration date:		



□Operator

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:

WW17-3133-T00-G03

Technical Contact Hours Earned:

General Contact Hours Earned:

Three (3)

INSTRUCTIONS:

□Apprentice

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/a	oprentice attending the entire wa	astewater operator cor	ntinuing education course.	
	CERTIFIED OPERATOR/	APPRENTICE INFOR	MATION	
1. NAME:				
2. ADDRESS (number and street):			
City:	State:	ZIP code:	Telephone number:	
			Work: □	
		E-mail Address:	Home/Cell:	
Check here if this is an address				
		INFORMATION		
3. NAME OF TRAINING COURS			tial Andian Inclainta	
	IS-200B ICS for Single R			
4. NAME OF TRAINING COURSE PROVIDER: FEMA Online Course			5. NAME OF ORGANIZATION SPONSORING COURSE:	
	·	InWARN 7. LOCATION ATTEND	N.D.	
6. DATE(S) ATTENDED (month	, day, year):		FEMA Online Course	
8. TOTAL NUMBER OF CONTA	CT HOURS ATTENDED BY CERTIFIE	D OPERATOR/APPRENTIC	CE AND VERIFIED BY INSTRUCTOR AND	
TRAINING COURSE PROVIDER	₹:			
Technical Contact Hours:		General Contact Hours:		
		Three (3)		
9. CERTIFICATE OF COMPLET	ION IS REQUIRED FOR ALL ON-LINE			
I, the undersigned, certify under p	penalty of law that this document (and a	ny attachments) were prepa	red under my direction or supervision and that the	
*	, ,	curate, and correct. I also u	inderstand that any omissions or misrepresentations	
may result in the denial of continu	uing education credit for this course.			
10. SIGNATURE OF INSTRUCTOR:		11. PRINTED NAME O	11. PRINTED NAME OF INSTRUCTOR:	
	course completion certificate			
12. SIGNATURE OF CERTIFIED OPERATOR/APPRENTICE:		13. PRINTED NAME OF CERTIFIED OPERATOR/APPRENTICE:		
14. CONTINUING EDUCATION	CREDIT HOURS ARE TO BE APPLIED	I) TO:		
Operator certification/apprentice	number:	Class:	Expiration date:	
Operator certification/apprentice	number:	Class:	Expiration date:	
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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:

WW17-3134-T00-G03

Technical Contact Hours Earned:

General Contact Hours Earned: Three (3)

□Operator

□Apprentice

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 op	perator/apprentice attending the	e entire wastewater operator co	entinuing education course.		
		ERATOR/APPRENTICE INFO			
1. NAME:			V		
2. ADDRESS (number	and street):				
City:	State:	ZIP code:	Telephone number: Work: □ Home/Cell: □		
Check here if this is a	an address change □	E-mail Address:			
		COURSE INFORMATION			
3. NAME OF TRAINING ONLINE CO		Incident Management Sy	ystem (NIMS), An Introduction		
4. NAME OF TRAINING COURSE PROVIDER: FEMA Online Course			5. NAME OF ORGANIZATION SPONSORING COURSE:		
6. DATE(S) ATTENDED (month, day, year):			7. LOCATION ATTENDED: FEMA Online Course		
8. TOTAL NUMBER O TRAINING COURSE P		Y CERTIFIED OPERATOR/APPRENT	ICE AND VERIFIED BY INSTRUCTOR AND		
Technical Contact Hou	rs:	General Contact Hours	S:		
			Three (3)		
	COMPLETION IS REQUIRED FOR A				
information submitted is	tify under penalty of law that this docu is, to the best of my knowledge and be Il of continuing education credit for this	elief, true, accurate, and correct. I also	ared under my direction or supervision and that the understand that any omissions or misrepresentations		
10. SIGNATURE OF INSTRUCTOR: Attach a copy of FEMA course completion certificate			11. PRINTED NAME OF INSTRUCTOR:		
12. SIGNATURE OF CERTIFIED OPERATOR/APPRENTICE:		E: 13. PRINTED NAME C	13. PRINTED NAME OF CERTIFIED OPERATOR/APPRENTICE:		
	JCATION CREDIT HOURS ARE TO E	BE APPLIED TO:			
Operator certification/apprentice number:		Class:	Expiration date:		
Operator certification/a	pprentice number:	Class:	Expiration date:		



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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:

WW17-3135-T00-G03

Technical Contact Hours Earned:

General Contact Hours Earned: Three (3)

□Operator

□Apprentice

INSTRUCTIONS:

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- 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 o	perator/apprentice attending t	the entire wastewater operator co	ntinuing education course.		
and a representation of the reserve		PERATOR/APPRENTICE INFOR			
1. NAME:					
2. ADDRESS (numbe	or and street):				
2. ADDITEGO (Haribe	n and streety.				
City:	State:	ZIP code:	Telephone number:		
			Home/Cell: □		
Check here if this is	an address change □		E-mail Address:		
		COURSE INFORMATION			
3. NAME OF TRAINII	· · · · · · · · · · · · · · · · · · ·				
		Response Framework, An			
4. NAME OF TRAINING COURSE PROVIDER: FEMA Online Course		5. NAME OF ORGANIZ INWARN	5. NAME OF ORGANIZATION SPONSORING COURSE: INWARN		
6. DATE(S) ATTENDED (month, day, year):		FEMA O	7. LOCATION ATTENDED: FEMA Online Course		
8. TOTAL NUMBER (TRAINING COURSE	OF CONTACT HOURS ATTENDED PROVIDER:	BY CERTIFIED OPERATOR/APPRENTI	CE AND VERIFIED BY INSTRUCTOR AND		
Technical Contact Ho	urs:	General Contact Hours	General Contact Hours:		
		Three	Three (3)		
9. CERTIFICATE OF	COMPLETION IS REQUIRED FOR .				
I, the undersigned, ce	rtify under penalty of law that this do	cument (and any attachments) were prepa	ared under my direction or supervision and that the		
information submitted	l is, to the best of my knowledge and l al of continuing education credit for th	belief, true, accurate, and correct. I also u	understand that any omissions or misrepresentations		
10. SIGNATURE OF INSTRUCTOR: Attach a copy of FEMA course completion certificate		certificate 11. PRINTED NAME O	11. PRINTED NAME OF INSTRUCTOR:		
12. SIGNATURE OF CERTIFIED OPERATOR/APPRENTICE:		ICE: 13. PRINTED NAME O	13. PRINTED NAME OF CERTIFIED OPERATOR/APPRENTICE:		
14. CONTINUING ED	UCATION CREDIT HOURS ARE TO	BE APPLIED TO:			
Operator certification/apprentice number:		Class:	Expiration date:		
Operator certification/a	apprentice number:	Class:	Expiration date:		
3			1		