

WV CONTINUING EDUCATION HOUR (CEH) APPLICATION

Date: _____

This application is for: Water Operators _____ Wastewater Operators _____
 Water Well Drillers _____ Pump Installers _____

Please mark all professions above to which the course content is relevant.

Total number of CEHs requested: _____ (in hours to the 15 minute interval based on educational contact time)

Has this course been previously approved for CEHs in WV by OEHS? _____ YES _____ NO
If "yes" provide the CEH number(s) here _____.

Has this course been previously approved for CEHs by another state certifying agency? _____ YES _____ NO.
If "yes" list state abbreviation(s) _____ and provide documentation of their approval with this completed application.

Course Information

Title:

Course Schedule (<i>Attached agenda may be substituted</i>):		
Content Area/Topic	Start Time	End Time

Objective(s):

Instructional Aids:

Instructional Approach:

References:

Instructor Information

Provide this information for each potential instructor. Attach additional sheets if needed.

(Attached resume may be substituted)

1. Name: _____ Telephone: _____ E-Mail: _____

Education: High School or GED, Higher Education – List degrees held: _____

Employer Name: _____ From: _____ To: _____ Telephone: _____

Address: _____ City/State/Zip: _____

Title/Duties/Responsibilities: _____

2. Name: _____ Telephone: _____ E-Mail: _____

Education: High School or GED, Higher Education – List degrees held: _____

Employer Name: _____ From: _____ To: _____ Telephone: _____

Address: _____ City/State/Zip: _____

Title/Duties/Responsibilities: _____

Sponsoring Organization Information

This is the company/person responsible for documenting attendance for & providing course completion certificates to all individuals who participate in these courses.

Sponsor Name: _____ Sponsor Representative: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Fax: _____ E-Mail: _____

Mission or Business: _____

Description of Record Keeping: _____

Return completed application to:

**Office of Environment Health Services
ATTN: Certification & Training Program
350 Capitol Street, Room 313
Charleston, WV 25301-3713
Phone: (304) 356-4337 Fax: (304) 558-4322**

NOTE: APPLICATION REVIEW AND AGENCY ACTION TYPICALLY REQUIRE 45 TO 60 DAYS. THEREFORE, A COMPLETE APPLICATION SHOULD BE SUBMITTED AT LEAST 60 DAYS BEFORE THE SCHEDULED COURSE PRESENTATION DATE.

OFFICE USE ONLY - Date Received & Initials: