

Commonwealth of Massachusetts Division of Occupational Licensure Board of Certification of Operators of Drinking Water

Certification of Operators of Drinking Supply Facilities

1 Federal Street, Suite 0600 Boston, Massachusetts 02110

Request for Training Contact Hours (TCH) Application Form

Information:

Name/Association:			
Address:	me	City/Town	Zip Code
Day Phone: F	ax:	Email:	
Program/Course Title:			
Program/Course Location:			
Dates of Program/Course:			

Individual Training Course:

How will this course meet the needs of Certified Public Water Supply Operator? What will (s)he learn?_____

Instructor's Name:			
Address:			
Number and Street Name	City/Town	State	Zip Code
Qualifications (or attach resume):			

Individual Training Course Continued:

Proctor's Name:

Affiliation, Address, Phone:

Be sure to enclose with this application:

The **course outline or agenda** showing each topic covered and the time allotted for each topic.

A **copy of the instruction material** showing what skills and knowledge the student will be able to demonstrate after completion of the course, including a copy of any presentations used.

A copy of the Certificate of Completion.

A copy of the attendance roster that will be used.

(Showing the name of the course, renewal credits issued, course id number, date and time the course was held, location of course, instructor's name, attendees names, morning and afternoon sign in and each day sign in, operator certificate number if applicable, proctor affidavit)

A copy of the course's evaluation form.

A copy of the written policy on maintaining the course's records.

A copy of the course's requirements of satisfactory completion (performance and attendance) of the course.

Number of Training Contact Hours requested.

The completed application, including all supporting documentation, can be submitted to the Board at DrinkingWaterBoard@mass.gov.

If you have questions, please contact the Board via email.