Updated: August 2025

Commonwealth of Massachusetts Executive Office of Environmental Affairs Department of Environmental Protection

MASSACHUSETTS BOARD OF CERTIFICATION

REQUEST FOR TRAINING CONTACT HOURS (TCH) EVALUATION

Instructions:

- Type or print clearly in ink only.
- Include the following attachments:
 - 1. Example of completion form or documentation for course.
 - 2. Course outline.
 - 3. List of instructional materials used in course.
 - 4. Name, address, and background of course instructor.
- Mail application and attachments to:

Board of Certification of Wastewater Treatment Plant Operators Department of Environmental Protection One Winter Street Boston, MA 02108

<u>Please complete all applicable sections on this form and attach all required materials.</u> The Board will not consider incomplete requests.

Name or Association					
				Daytin	ne Phone Number
Town	/City	State	Zip		
Name of Person Requesting TCHs					
icsting rons	<u>, </u>				
D ()					
Course or Conference Date(s)					
Course or Conference Title					
Course or Conference Location					
How does this training relate to the operation, maintenance, or management of a Wastewater Treatment Plant?					
Lecture Time (hours) Hands on Lab T		o (houre)	Field Trip Len	ath (houre)	Other (explain
Tian	ands on Lab Time (nodis)		Tield Trip Length (nodis)		Other (explain
How is attendance monitored or verified?					
How is a completed program certified? (Pass/Fail, Certificate, Other)					
For Official Use Only					
Board	Approval of	Status and C	Status and Comments Certification Number		Certification Number
Date	Board Yes/No				
	Ponitored or verogram certif	P Date(s) P Title P Location I relate to the operation, m Hands on Lab Tim Ponitored or verified? Program certified? (Pass/Fate) Board Approval of	Particle Title Location relate to the operation, maintenance, Hands on Lab Time (hours) onitored or verified? rogram certified? (Pass/Fail, Certificate) For Official L Board Approval of Status and C	Pate (s) Pate (Town/City State Zip lesting TCHs Date(s) Title Location relate to the operation, maintenance, or management of a Waste Hands on Lab Time (hours) Field Trip Length (hours) onitored or verified? rogram certified? (Pass/Fail, Certificate, Other) For Official Use Only Board Approval of Status and Comments