

Massachusetts Department of Environmental Protection Bureau of Air & Waste - Toxics Use Reduction (TUR) Program

TUR Planner Continuing Education Credit Pre-Approval Form

A. Applicant Information

This form should be completed by any applicant seeking continuing education credit for any activity they have taken or plan to take.

_____ First Name	_____ Last Name	
_____ Street Address or PO Box Number		
_____ City/Town	_____ State	_____ Zip Code
_____ Telephone Number	_____ Email Address	

B. Documentation

Please attach documentation to this form that will provide MassDEP with a description of the activity, verification of attendance (for activity already attended), and the hours the applicant spent or plans to spend in attendance at the activity. A separate form and supporting documentation should be submitted for each activity. In addition, please provide the following information:

_____ Activity Name and Sponsor	_____ Hours in Attendance (or planned)
_____ Date(s) of Activity	_____ Credits Requested
Category (see instructions):	<input type="checkbox"/> TUR activities <input type="checkbox"/> Laws and regulations (4 credit limit) <input type="checkbox"/> Professional activities (8 credit limit) <input type="checkbox"/> Environmental Management Systems <input type="checkbox"/> Resource Conservation Planning
_____ Description of Activity	

C. Final Approval of Planned Activities

Once the form and supporting documentation are received, MassDEP will make a credit determination and notify the applicant. Any credit determination made in response to this form for activities not yet attended by the applicant are subject to verification of hours in attendance, which must be provided either prior to or with the applicant's Toxics Use Reduction Planner Recertification Application. Approved credits are valid for two (2) years from the date of completion.

MassDEP USE ONLY – PREAPPROVAL/CREDIT DETERMINATION

The continuing education activity described in Section 2 of this form has been:

- APPROVED for _____ credits toward Planner Recertification
 DISAPPROVED for Recertification credit

Comments, Date, Signature: _____

Submit a scan of this completed form to: leoni.desai@mass.gov