

Board of Certification of Wastewater Treatment Plant Operators
 Department of Environmental Protection
 Central Regional Office
 627 Main Street
 Worcester, MA 01608
 Telephone 508-767-2781

MASSACHUSETTS BOARD OF CERTIFICATION
REQUEST FOR TRAINING CONTACT HOURS EVALUATION FORM

NAME/ASSOCIATION: _____

ADDRESS: _____

NAME OF PERSON REQUESTING TCH's: _____

DAY PHONE NUMBER: () _____ - _____ COURSE/CONFERENCE DATE: ____ / ____ / ____ - ____ / ____ / ____

COURSE/CONFERENCE TITLE: _____

COURSE/CONFERENCE LOCATION: _____

HOW DOES THIS TRAINING RELATE TO THE OPERATION, MAINTENANCE OR MANAGEMENT OF A WASTEWATER PLANT? _____

LECTURE TIME: _____ HRS LAB (HANDS ON) TIME: _____ HRS FIELD TRIP LENGTH: _____ HRS

OTHERS (EXPLAIN) : _____

HOW IS ATTENDANCE MONITORED OR VERIFIED? _____

HOW IS A COMPLETED PROGRAM CERTIFIED? PASS/FAIL, CERTIFICATE OR OTHER

- PLEASE SEND: [1] EXAMPLE OF PROGRAM COMPLETION FORM OR DOCUMENT
 [2] COURSE OUTLINE
 [3] LIST OF INSTRUCTIONAL MATERIALS USED IN COURSE
 [4] NAME, ADDRESS, AND BACKGROUND OF INSTRUCTOR

RETURN THIS COMPLETED FORM WITH ATTACHMENTS TO:
 BOARD OF CERTIFICATION OF WASTEWATER TREATMENT PLANT OPERATORS
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 ONE WINTER STREET, 8TH FLOOR
 BOSTON, MA 02108

FOR OFFICIAL USE ONLY

DATE RECEIVED	EVALUATED BY	DATE	APPROVAL OF BOARD YES/NO	NUMBER OF TCH's	BOARD FILE NUMBER

