

All information on this sheet must be complete and accurate.

## **Application for Water Operator Training Approval**

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Name					
	First	Middle	Last		
Company/Employer					
Mailing address					
	Street	City	State	ZIP	
Email		Contact phone			
Presentation Title					
Date(s)		Location(s)			

Below are the requirements for requesting approval of training credit under the Water Supply System Operator program. The Minnesota Department of Health (MDH) will review and approve only training applications that are complete and provide the information requested.

To receive training program approval, you must submit the following to MDH at least 30 days prior to training:

- A written objective that describes the purpose of the training course (expected outcomes);
- A summary of the credentials of the persons conducting the training, demonstrating the trainers' knowledge about public water systems and specifying the specific subject area for which the trainers are responsible.
- A training plan (course outline) and a written paragraph explaining how the course will meet the requirements for water operator relevancy.

Please submit this form to <a href="mailto:health.drinkingwater@state.mn.us">health.drinkingwater@state.mn.us</a> or mail to

Minnesota Department of Health Drinking Water Protection Section Water Operator Information P.O. Box 64975 St. Paul, Minnesota 55164-0975

www.health.state.mn.us

02/28/2018

To obtain this information in a different format, call: 651-201-4700. Printed on recycled paper.