

Continuing Education Credits (CECs) Recognized or
Approved for Water and Wastewater Operator Certification

North Dakota Water and Pollution Control Conference	12 CECs
North Dakota Department of Environmental Quality Annual Operator Training Sessions (Spring Training)	12 CECs
North Dakota Rural Water Expo (3 days)	8 CECs
AWWA Teleconference (8 hours)	4 CECs
pH Certification	1 CEC
Midwest Assistance Program (8 hours)	4 CECs
Rural Water One-Day Training Seminar (8 hours)	4 CECs
USEPA Region 8 Industrial Pretreatment Seminar (3+ days)	12 CECs
California State University Correspondence Course (90-96 hours)	24 CECs
Defensive Driving Course (4 hours)	1 CEC

Other classes will be awarded appropriate CECs based on class content and the length of time for the training session. For example, First Aid training is usually assigned appropriate credit. When applying for credits, be sure to list the seminar or workshop, the classes covered, and the number of days for the seminar. Include a copy of the program, if possible.

All training classes must acquire pre-approval before granting credits. Full participation and attendance must be achieved before credits are awarded. No partial credits will be granted. Classes or training must be a minimum of 2 hours in length before credits will be approved.



APPLICATION FOR CONTINUING EDUCATION CREDITS

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY

DIVISION OF MUNICIPAL FACILITIES

SFN 62001 (6-2021)

Instructions:

- Print or type your answer for each question.
- Attach copies of supporting documents such as copies of programs and certificates of attendance.
- Each statement and fact by the applicant must be true and correct.
- Make copies of this form as needed.
- Send completed application to: **4201 Normandy St, Bismarck ND 58503**

Name: Last, First, Middle		Home Telephone Number:	
Home Address:	City:	State:	ZIP Code:
Name of Employer:		Business Telephone:	
Employer's Address:	City:	State:	ZIP Code:
Current Position Title:			
Current Certificates:			
EVENT INFORMATION			
Title of Training Event:	Date:	Location:	
Description (topics, number of hours attended, certificates issued, copy of program, etc.) If more space is required, use other side.			
I certify the facts and statements in this application are correct and true. I understand that the giving of false information may lead to revocation of my operator certification.			
Signature of Applicant		Date	
Signature of Supervisor		Date	