



MICHIGAN DEPARTMENT OF ENVIRONMENT,
GREAT LAKES, AND ENERGY
DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION

**DRINKING WATER EDUCATION AND TRAINING
PROGRAMS CONTINUING EDUCATION COURSE (CEC)
APPROVAL APPLICATION**

Authority 1976 PA 399, as amended and 1994 PA 451, as amended. Failure to complete this application will result in denial of the requested training program.

| DO NOT WRITE IN THIS BOX | | | |
|--------------------------|------------------------------|-----------------------------|----------------------------|
| Approved: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Course No: |
| Approval Date: | | Exp. Date: | |
| Contact Hours: | | CECs: | |
| Category: | <input type="checkbox"/> T | <input type="checkbox"/> M | <input type="checkbox"/> O |

To be approved, this Education and Training Program must relate to the duties, responsibility, operation, maintenance, or supervision of a drinking water system. Applications submitted for continuing education credit consideration must be received prior to the program taking place. **This application is for drinking water courses only.**

A **teaching outline or agenda** showing the duration of each program segment **must** be submitted with this application. Online courses should also submit IACET approval or beta testing data, details on course design, and tracking/participation mechanisms.

INCOMPLETE APPLICATIONS WILL BE DENIED.

Training considered "on-the-job training" or "product-specific training" is not eligible for credit and **WILL NOT** be approved by the Board for CECs. (Refer to Section V below for additional information in this regard.)

A fee of \$75.00 will be assessed for each CEC Course application. The applicant will be responsible for payment of the application fee. **NO REFUND** of fees will be given for any reason.

Applicants will be notified of the status of their application after the next meeting of the Drinking Water Advisory Board of Examiners. Applicants may state they have applied for CEC's. If approved, a record of training activity **MUST** be provided to the course attendee, as identified in the CEC approval letter.

| I. APPLICANT INFORMATION | | Application Date: | |
|---------------------------------|-----------------|--------------------------|------|
| Firm, Company, or Utility Name: | Contact Person: | Telephone Number: () | |
| E-mail Address: | Website: | Fax Number: () | |
| Mailing Address: | City: | State: | Zip: |

II. PROGRAM INFORMATION

| | | | |
|----------------------------------|---|--|--|
| Course Title: | | | |
| Check the Type of Course: | <input type="checkbox"/> Classroom | <input type="checkbox"/> Other | |
| | <input type="checkbox"/> Correspondence | <input type="checkbox"/> Online (including webinars) | |

If the course is correspondence or online, fill out Sections III, IV, and V.

Complete Applications can be sent via email to EGLE-OTCU-Training@Michigan.gov (please include payment verification) or by mail to one of the following addresses:

| | | |
|---|---|--|
| When paying online, go to: www.thepayplace.com/mi/deq/trainandcertify . Please mail a copy of the payment receipt, the ORIGINAL application, and all documentation to this address. DO NOT MAIL CHECKS TO THIS ADDRESS: EGLE Drinking Water and Environmental Health Division Operator Training and Certification PO BOX 30817 Lansing, Michigan 48909-8311 | To pay by check, please mail this application, all documentation and appropriate fees of \$75.00 to: Make checks Payable to: State of Michigan Accounting Services Division Cashier's Office for EGLE PO BOX 30657 Lansing, Michigan 48909-8157 | For overnight or express delivery, please send check/credit card receipt, application and all documentation to: Make checks payable to (if applicable): State of Michigan Accounting Services Division Cashier's Office for EGLE 425 West Ottawa Street Lansing, Michigan 48933 For Cashier's Use Only: DWF |
|---|---|--|

