



**OPERATOR TRAINING AND CERTIFICATION  
EDUCATION AND TRAINING PROGRAM  
PARTICIPANT ROSTER**

*Issued under authority of the Michigan Safe Drinking Water Act, 1976 PA 399, as amended.*

Use this form only if the course has been approved for continuing education credits (CECs) by the Drinking Water Advisory Board of Examiners. Please fill in the number of CECs assigned and course code information in the space below. If CECs were assigned by day or by session, please indicate total CECs earned by each participant. All information provided on this form must be legible or proper credit cannot be awarded. Please ask participants to enter their Operator ID.

Name of Program: \_\_\_\_\_

Program Date: \_\_\_\_\_ Program Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

EGLE Course Code: \_\_\_\_\_ CECs Assigned: \_\_\_\_\_

VERIFICATION: I verify that the following individuals successfully completed this program.

Signature: \_\_\_\_\_  
Contact Person Date

**RETURN COMPLETED FORM TO: EGLE-OTCU-TRAINING@MICHIGAN.GOV**

Name	Operator ID	Employer	CECs Earned

