

Training Submittal

Training Type *(check one)*

Certified Waterworks Operator CEU
 Backflow Prevention Assembly Tester

Reviewed by: _____
MSDH ONLY

SECTION I – Contact Information

Organization Name		Name	
Organization Telephone		Email	
Organization Mailing Address		Telephone	
	City State Zip Code		

SECTION II – Training Location

Building		Room Number	
Physical Address			
	City State Zip Code		

SECTION III – Training Schedule

Date	Time	Topic(s)	Speaker and Organization	CEU <i>MSDH ONLY</i>
TOTAL Continuing Educational Units				

SECTION IV – Training Material *(Check all that apply)*

Visual Aid Power Point Hand Out Video Manual Name: _____

SECTION V – Submission

Email	water.cert@msdh.ms.gov
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***** DO NOT WRITE BELOW THIS LINE – MSDH ONLY *****	
Approved	Disapproved
Training Code:	Reason:

Instructions

Training Submittal

PURPOSE

To review and approve or disapprove training sessions submitted to the Mississippi State Department of Health, Bureau of Public Water Supply for Continuing Education (CEUs) of Certified Waterworks Operators and for specific courses of Backflow Prevention Assembly Testers (BPAT) initially applying and/or renewing a current certification.

INSTRUCTIONS

This form must be completed by the entity at least forty-five (45) days prior to the scheduled training date.

Training Type

1. Select type of profession to receive training. NOTE: A separate form must be filled out for each profession.

Reviewed by

2. For Mississippi State Department of Health, Bureau of Public Water Supply staff only – Initial document when reviewed.

SECTION I – Contact Information

3. Enter the organization that will perform training session.
4. Enter name of person filling out this form or person (speaker) that will perform training session.
5. Enter organization
6. Enter organization's mailing address.
7. Enter email address of person performing training session.

SECTION II – Training Location

8. Enter location of training to occur.
9. Enter number of the building or room number, if available.
10. Enter the physical address of the building of training to occur.

SECTION III – Training Schedule

11. Enter date of training session(s).
12. Enter time of training session(s).
13. Enter training theme – topic of training session(s).
14. Enter name of speaker(s) and name of organization.
15. For Mississippi State Department of Health, Bureau of Public Water Supply staff only – Add number of CEU hours.

SECTION IV – Training Material

16. Select type(s) of material to use in the training session(s).

SECTION V – Submission

17. Email to the address provided.

OFFICE MECHANICS AND FILING

After the Bureau of Water Supply staff member approves/disapproves the training session, a copy of the training submittal form is returned to the organization and the original submittal form is filed in a binder.

RETENTION PERIOD

This form must be retained for three (3) years or until audited.