



Minnesota Department of Health
Application for Water Operator Training Approval



FOR OFFICE USE ONLY
___ Disapproved
___ Approved
___ Date Received
___ Direct Hours
___ Related Hours

All information on this sheet must be complete and accurate.

1. Name (Please print): (First) (Middle) (Last)

2. Company/Employer:

3. Mailing Address: Street Post Office Box

City State Zip Code

E-mail () Phone Number

4. Presentation Title:

5. 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 the MDH at least 30 days prior to training:

- 1. A written objective that describes the purpose of the training course (expected outcomes);
2. 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.
3. A training plan (course outline) and a written paragraph explaining how the course will meet the requirements for water operator relevancy.

Return this form to:
Minnesota Department of Health
Attn: Mark Sloan
P. O. Box 64975
St. Paul, Minnesota 55164-0975