

OPERATOR CERTIFICATION CONTINUING EDUCATION UNITS COURSE EVALUATION

APPLICATION INSTRUCTIONS

1. In keeping with the privacy provisions of the *Nova Scotia Freedom of Information & Protection of Privacy Act*, Nova Scotia Environment will only use personal information for the purpose for which the information was obtained or compiled, or for a use compatible with that purpose.
2. Information regarding operator certification including continuing education units can be found on our website at: <http://novascotia.ca/wwoc>. Refer to the *Guideline for Water and Wastewater Operator Certification Certificate Renewal* for information specific to continuing education units.
3. Courses below 0.3 CEUs will not be assessed for pre-approval.
4. Upon successful completion of pre-approved courses, each attendee shall be provided with a signed certificate which displays the course name, the number of CEUs assigned, and the date of the course.
5. Please send completed applications to: Operator Certification Administrator C/O Sandra Hartley, Nova Scotia Environment, PO Box 442, 1894 Barrington St., Suite 1800, Halifax, NS B3J 2P8. Alternatively, you may fax to (902) 424-1080 or Scan and email to wwoc@NovaScotia.ca.
6. Inquiries may be directed to 902-424-2553 or 902-225-5037.

APPLICANT CONTACT INFORMATION

| | | | |
|---------------------------|------------------------|---------------------|--|
| NAME OF TRAINING PROVIDER | | CONTACT PERSON | |
| MAILING ADDRESS | | CITY/TOWN/COMMUNITY | |
| PROVINCE / STATE | POSTAL CODE / ZIP CODE | EMAIL | |
| PHONE | FAX | WEBSITE | |

COURSE DESCRIPTION

| | |
|---|---|
| NAME OF COURSE | CONTACT HOURS (EXCLUDING BREAKS, REGISTRATION, MEALS) |
| LOCATION(S) OF TRAINING | |
| TYPE OF INSTRUCTION (CHECK ALL THAT APPLY) | |
| <input type="checkbox"/> Classroom <input type="checkbox"/> In-house Training <input type="checkbox"/> Correspondence <input type="checkbox"/> Video <input type="checkbox"/> Hands-on <input type="checkbox"/> Other (specify) _____ | |
| METHOD TO VERIFY LEARNING OUTCOMES BY PARTICIPANTS (CHECK ALL THAT APPLY) | |
| <input type="checkbox"/> Exam (written/oral) <input type="checkbox"/> Quiz <input type="checkbox"/> Written Reports <input type="checkbox"/> Demonstration <input type="checkbox"/> Other (specify) _____ | |

DECLARATION OF APPLICANT

I hereby certify with my signature that all information contained in this application is true and correct. I understand that any omissions or misrepresentations may result in changes to the approved CEU value or removal of this course from the list of pre-approved courses. I also accept that further information and course material may be requested for review.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

CURRICULUM DETAILS

NAME OF COURSE

LEARNING OBJECTIVES

Copy of learning objectives attached (optional)

TOPICS COVERED

Copy of topics covered attached (optional)

TIMELINE

Copy of agenda attached (required)

INSTRUCTOR CREDENTIALS (RELATED TO THE SUBJECT MATTER)

Copy of instructor credentials attached (optional)