

### APPLICATION FOR EVALUATION OF SELF-PACED STUDY

PLEASE DO NOT USE STAPLES

TRAINING SPONS	SOR INFORMATION
Sponsoring Organization	Submittal Date
Contact Name	Company
Address 1	Address 2
City	Zip Code
Email Phone Number (including area co	ode) URL (Web Address)
	The (web Address)
GENERAL COUR	SEINFORMATION
Course Title	
Delivery Format or Media  Correspondence Course  Web/Online  Course  CD-RG	OM Video Other Self-Paced Study Format (Please Describe)
Correspondence Course	OM Video Other Self-Paced Study Format (Please Describe)
	r Target Audience (Please Describe)
Identify the level of this course	
O Basic O Intermediate O Advanced	
How is this training directly related to the operation or maintenance of a water sytem, or to the management of the operation or maintenance of a water system?	How will water works operators use this training to influence water quality, water supply or public health protection?
of to the management of the operation of maintenance of a water system.	water supply of public fleaten protection:
ACCRE	DITATION
Note: Each course must be a minimum of 3.0 hours in length (0.3 CEU) to be evaluated.	
Has this course been awarded college credit through an accredited college or university?	If yes, enter college credit awarded
○ Yes ○ No	
Is the course sponsor awarding Continuing Education Units (CEU) for successful completion?	If yes, enter CEU awarded
○ Yes ○ No	
Is CEU awarded based on IACET guidelines?	Is CEU amount based on beta-testing results?
○ Yes ○ No	○ Yes ○ No
	If no, apply accrediting formula and submit results.

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COURSE DEVELOPME	COURSE DEVELOPMENT AND ADMINISTRATION							
Were instructional design experts used to develop this course?  Yes No Was the content of this course designed by qualified subject matter experts?  Yes No Was this course field-tested by individuals representing the intended audience?  Yes No Was content developed based on a needs analysis?  Yes No Please describe	What feedback and assessment methods are used for ongoing course evaluation?  Describe the technology and staff resources available to administer this training course and maintain student records:  How long are student records and reports maintained for review?							
EXAM	INATION							
Are quizzes or other forms of review and feedback included in this course?  Yes No  Is a final comprehensive examination required for successful completion of this course?  Yes No  If yes, what is the minimum passing score for successful completion of this course?  If yes, how is the exam generated?  Randomly generated version, different for each participant  Standard exam, same for each participant  Others	Is other criteria used to demonstrate successful course completion?  Yes No  If yes, please describe  If a student fails the final exam, how many retakes of the exam are allowed?  Are retake exams randomly generated?  Yes No  Is feedback or additional review provided to or required for students who fail the exam?  Yes No  If yes, please describe							
TECHNICAL SUPPORT								
Are minimum computer system hardware and software specifications provided?	Do students have access to instruction on program installation, use, and technical assistance?							
Yes No	○ Yes ○ No							
Is technical instructional support available?	Is content-related instructional support available?							
○ Yes ○ No	○ Yes ○ No							
Response Time	Response Time							

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Describe your security procedures for each of the following (additional detailed information may be attached):
Student identity/passwords
Verification/tracking of attendance of participation
Examination
Authenticity of certificates of completion
For CD-ROM, Video or Correspondence based training, do you require a proctor or on-site administrator to monitor and verify student progress and/or completion?  Yes No
Can you provide attendance, completion, or other student reports to the certifying authority upon request?
○ Yes ○ No
DECILIDED ATTACHMENTS
REQUIRED ATTACHMENTS
All of the following information must be included with the completed Application for Evaluation of Self-Paced Study form:
Company biography including organization goals and history of activity in Self-Paced Study field
Name and credentials of instructional design experts used to develop this course
Names and credentials of subject matter experts/authors used to develop course content
Copy of the training program (CD-ROM, Video, Correspondence) including all instructions provided to student OR provisions for full access to web-based course
Course learning objectives and learning outcomes that participants will be expected to demonstrate
Course outline
Copy of beta-testing form used, and names and credentials of beta-testers, and compiled results of beta testing OR results of applying accrediting formula
Sample of certificate issued upon successful completion of the course
Formula or criteria used to determine amount of credit/CEU awarded
If you have attached other documentation to this application, please list here:

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The course sponsor listed will receive written confirmation of the evaluation results. Applications for evaluation of distance education that are incomplete or submitted by other than the course sponsor will be returned to the originator. CEU awarded by the sponsor to certified water works operators in Washington state prior to the date of the application is approved will not be accepted.

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Washington Certification Services Green River College, 1221 D Street NE, Auburn, WA 98002

Questions? Contact Washington Certification Services at wcs@greenriver.edu

			FOR OFFIC	CE USE ONLY		
		Reason Denied			CEU/College Credit	
Approved	<b>Denied</b>					
Comments						
	Evaluated by					Date

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