

Waterworks Operator

SELF-PACED TRAINING SUBMITTAL FORM

Only Self-Paced Training (formally known as Distance Education) courses pre-approved by Washington State Department of Health (DOH) or completed for college credit through an accredited college or university may be submitted for evaluation toward the waterworks operator professional growth requirement. All courses must be completed following the Department's Distance Education Self-Paced Training Approval and Examination Procedure. Submit this form and all required documentation to Washington Certification Services by:

| \bowtie | submittalsWCS@greenriver.edu |
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| = | Washington Certification Services Green River |
| | College 1221 D Street NE Auburn, WA 98002 |

| STUDENT INFORMATION | | | | | | | |
|---|----------------------------------|------------------|--------------------------|---|--|--|--|
| First Name | | Last Name | | MI | | | |
| Home Address 1 | | Home Address 2 | | | | | |
| City | State | | Zip Code | | | | |
| Email | Home Phone Number | Washington Water | works Operator Certifica | tion Number (Required to post training to transcript) | | | |
| COURSE INFORMATION | | | | | | | |
| Course Title Course Format: Online Correspondence Course | Course Sponsor O Video O CD-ROM | | | Course Completion Date | | | |
| REQUIRED ATTACHMENTS | | | | | | | |
| Declaration of Self-Paced Training Exam Monitoring Check appropriate box below: | | | | | | | |
| Certificate of completion or transcript for course on Self-Paced Training Approved Course List verifying CEU awarded by the sponsor. CEU accepted in Washington may be different than the CEU awarded by the course sponsor. | | | | | | | |
| Transcript and course description verifying college credit awarded by an accredited college or university for Self-Paced Training that meets DOH relevancy criteria. | | | | | | | |
| ote: Incomplete forms or forms submitted without all required attachments will be returned to the originator without further evaluation. | | | | | | | |

| FOR OFFICE USE ONLY | | | | | | | |
|------------------------|-----------------------------|---------|-------------|--|--|--|--|
| Course Completion Date | CEU/College Credit Accepted | Approve | Deny | | | | |
| Comments | | | | | | | |