

**CEU Assignment** 

## **Training Course Sponsor**

## REQUEST FOR COURSE EVALUATION & CEU ASSIGNMENT

Washington Certification Services at Green River College processes all Requests for Course Evaluation and CEU Assignment based on procedures established by Washington State Department of Health's Waterworks Operator Certification Program. Requests for evaluation of Live Training that are incomplete, submitted by other than the course sponsor, received less than 15 days in advance of the course date, or that do not meet DOH guidelines for CEU assignment will be returned to the originator.

submittalsWCS@greenriver.edu **Washington Certification Services 1221 D** 

Street NE Auburn, WA 98002

## PLEASE DO NOT USE STAPLES **SPONSOR INFORMATION Sponsoring Organization Contact Name** Company Address 1 Address 2 Zip Code City State Email Phone Number (including area code) Website Would you like a link to your training to be posted on our website? If so, enter website above **COURSE INFORMATION** Conference Title Location Start Date **End Date** If yes, enter Course Identification Number A Has this course been evaluated previously? Has the course content or length changed since the last evaluation? No No Yes How is this training directly related to the operation or maintenance of a water system, How will waterworks operators use this training to influence water quality, or to the management of the operation or maintenance of a water system? water supply or public health protection? How will attendance be monitored and verified? Satisfactory program completion demonstrated by (check as appropriate and attach examples): Skill Demonstration or Project Oral/Written Report or Examination Other **REQUIRED ATTACHMENTS** Outline, program or abstract Learning outcomes that participants will be expected to demonstrate as a result of this training Time schedule including beginning and ending times, breaks, lunches, etc. Name, address and professional qualifications of instructor and method of instruction used FOR OFFICE USE ONLY

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Date

**ID Number**