

Board of Certification of Wastewater Treatment Plant Operators
 Department of Environmental Protection
 Central Regional Office
 627 Main Street
 Worcester, MA 01608
 Telephone 508-767-2781

MASSACHUSETTS BOARD OF CERTIFICATION
REQUEST FOR TRAINING CONTACT HOURS EVALUATION FORM

NAME/ASSOCIATION: _____

ADDRESS: _____

NAME OF PERSON REQUESTING TCH's: _____

DAY PHONE NUMBER: () _____ - _____ COURSE/CONFERENCE DATE: ____/____/____ - ____/____/____

COURSE/CONFERENCE TITLE: _____

COURSE/CONFERENCE LOCATION: _____

HOW DOES THIS TRAINING RELATE TO THE OPERATION, MAINTENANCE OR MANAGEMENT OF A WASTEWATER PLANT? _____

LECTURE TIME: _____ HRS LAB (HANDS ON) TIME: _____ HRS FIELD TRIP LENGTH: _____ HRS

OTHERS (EXPLAIN): _____

HOW IS ATTENDANCE MONITORED OR VERIFIED?

HOW IS A COMPLETED PROGRAM CERTIFIED? PASS/FAIL, CERTIFICATE OR OTHER

- PLEASE SEND: [1] EXAMPLE OF PROGRAM COMPLETION FORM OR DOCUMENT
 [2] COURSE OUTLINE
 [3] LIST OF INSTRUCTIONAL MATERIALS USED IN COURSE
 [4] NAME, ADDRESS, AND BACKGROUND OF INSTRUCTOR

DATE RECEIVED	EVALUATED BY	DATE	APPROVAL OF BOARD YES/NO	NUMBER OF TCH's	BOARD FILE NUMBER

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