

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**

1800 Washington Blvd ● Baltimore, Maryland 21230

http://www.mde.state.md.us

**(800) 633-6101x3167**

**(410) 537-3167**

**(410) 537-3168 (fax)**

**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

**APPLICATION FOR TRAINING PROGRAM APPROVAL**

1) TRAINING PROGRAM: COURSE CODE: \_\_\_\_\_

Title: \_\_\_\_\_

Type of Program: On-The-Job /\_\_\_/ Home-study /\_\_\_/ Academic /\_\_\_/ Laboratory /\_\_\_/

Technical Part of Operator/Superintendent Mtg. /\_\_\_/ Other /\_\_\_/ Describe briefly if Other" \_\_\_\_\_

Location(s) \_\_\_\_\_ Dates and Times of Program (Please specify) \_\_\_\_\_

Will program be repeated after these dates and times? yes \_\_\_ no \_\_\_

Total Contact Hours of Training \_\_\_\_\_ Final Exam Given? yes \_\_\_ no \_\_\_

Course Meets 50 % Process Control Rule (YES) \_\_\_ (NO) \_\_\_ (Check one)

2) APPLICANT:

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Status: Training Sponsor /\_\_\_/ Instructor /\_\_\_/ Student /\_\_\_/

Signature: \_\_\_\_\_

3) TRAINING COURSE SPONSOR (If different from applicant):

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

4) CERTIFICATION CLASSIFICATIONS TARGETED. **Note: Request For Operator And/Or Superintendent. Superintendent Approval Must Be Checked Separately. Please Check Those That Apply.**

OPERATORS

Wastewater Treatment 1 2 3 4 5 6 S A  
Industrial Wastewater 1 2 3 4 5 6 7  
Water Treatment 1 2 3 4 5 G  
Wastewater Collection 1 2  
Water Distribution 1  
ALL

SUPERINTENDENTS

Wastewater Treatment  
Industrial Wastewater  
Water Treatment  
Wastewater Collection  
Water Distribution  
ALL

Information addressing the following topics MUST be provided for the application to be processed.

- 5) Describe the course, and state its learning objectives - Learning objectives should begin with "At the end of this training, the participant will be able to..."
- 6) Provide an outline of the subjects covered, and show the time allowed for each major topic - (Attach a copy of student handouts, or cite references used).
- 7) Describe the training methodology used - (e.g. hands-on, practice, lecture/discussions, case histories, demonstrations, problem solving, laboratory exercises).
- 8) List the job skills, knowledge or prerequisites expected of the participants.
- 9) Identify the instructor's pertinent qualifications - (Include the instructor's name, address, telephone number, and pertinent licenses, training experience or work experience).
- 10) Describe the techniques, if any, used to evaluate the participants - (Include a copy of each examination and the grading used).

TO THE APPLICANT

This application is the first step in having a training event approved for use by operators and superintendents in meeting the pertinent requirements for certification renewal. Application may be submitted either before or after the training event occurs. Training sponsors or instructors may, however, find it advantageous to obtain prior approval from the Board so that a training event can be advertised as "approved training." The Board attempts to finalize all actions on these training applications within 90 days of submittal. **All completed applications should be mailed to the attention of Mr. Lawrence Robinson at the address on the front of this application.**

\*\*\*\*\*

Use This Space for Additional Information or Comments:

---

---

---

---

---

---

---

---

---

---