



Course Code: \_\_\_\_\_

## MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

1800 Washington Blvd, Baltimore, MD 21230

410-537-3167 • 1-800-633-6101 x 3167 • TTY Users: 1-800-735-2258

### APPLICATION FOR TRAINING PROGRAM APPROVAL

Training sponsors or instructors are strongly encouraged to obtain Board approval for training prior to administering courses. The Board attempts to review training applications within 90 days of submittal. All completed applications and training materials should be emailed to **wwso.board@maryland.gov** (preferred) or mailed to the address listed above.

#### I. APPLICANT INFORMATION:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name of Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Status (Check one):      Training Sponsor      Instructor      Student

Training Course Sponsor (if different from applicant):

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name of Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

#### II. TRAINING PROGRAM:

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

Program Type (Check one):      On-the-Job      Laboratory  
   Home-study      Technical Training  
   Academic      Online  
   Out of State/National Conference      Other : \_\_\_\_\_

Program Location, Date, and Times: \_\_\_\_\_

Will program be repeated after these dates and times?    Yes    No

Total Hours of Training: \_\_\_\_\_ Final Exam:    Yes    No

Course Meets 50% Process Control Rule:    Yes    No

### **III. TARGET AUDIENCE:**

| <u>CATEGORY</u>                  | <u>OPERATOR CLASS</u> |   |   |   |   |   |   |   |  |
|----------------------------------|-----------------------|---|---|---|---|---|---|---|--|
| Wastewater Treatment Plant (W)   | 1                     | 2 | 3 | 4 | 5 | 6 | S | A |  |
| Water Treatment Plant (T)        | 1                     | 2 | 3 | 4 | 5 | G |   |   |  |
| Water Distribution Systems (D)   | 1                     |   |   |   |   |   |   |   |  |
| Wastewater Collection System (C) | 2                     |   |   |   |   |   |   |   |  |
| Industrial Wastewater Works (I)  | 1                     | 2 | 3 | 4 | 5 | 6 | 7 |   |  |

If training is for Superintendent, specify Category of Training: \_\_\_\_\_

### **IV. COURSE INFORMATION:**

**The following information MUST be attached and in PDF format in order to process application:**

- Describe the learning objectives
- Provide an outline of the subjects covered and show the time allowed for each major topic (attach course handouts)
- Describe the training methodology used
- List the job skills, knowledge, or prerequisites expected of the participants
- Identify the instructors relevant qualifications as well as their name, address, and phone number
- Attach copy of student participation and performance verification (i.e. certificate of completion)
- If applicable, attach copy of examination material

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Training Sponsor's Signature  
(if different from applicant)

\_\_\_\_\_  
Date

# **Submissions Requirements of**

## **New Training Approval Applications**

### **Course Information**

The following information **MUST** be attached in PDF format as a single file with the application appearing first in order to process the application

- Describe the learning objectives
- Provide an outline of the subjects covered and show the time allowed for each major topic (attach course handouts)
- Describe the training methodology used
- List the job skills, knowledge, or prerequisites expected of the participants
- Identify the instructor's relevant qualifications as well as their name, address, and phone number
- Attach copy of student participation and performance verification (i.e. certificate of completion)
- If applicable, attach copy of examination material

# **Course Information Template –**

## **Guidance on Creating Course Outline**

*[Please create your own, this is just a template for assistance in submitting training for Board-Approval]*

### **Your Class Title.....**

#### **Learning Objectives**

At the completion of this course attendees will be able to:

- Objective #1
- Objective #2
- Objective #3 *(if needed)*
- Objective #4 *(if needed)*
- Objective #5 *(if needed)*

#### **Training Methods**

***(Edit to the methods you will employ for your class.)*** **SAMPLE** - The training methods that will be applied during this course will utilize a combination of PowerPoint presentation, video, hand-out materials, & hands-on demonstration. Attendees will be encouraged to participate throughout the training sessions to obtain the optimum benefit to apply the material presented in their everyday duties at their utility.

***If you will have a handout for participants, please submit a sample copy for approval by TRE Committee.***

#### **Course Content**

*Describe briefly in paragraph form an overview of your class.*

.

.

- .
- .
- .
- .
- .

**Course Outline**

*(Change/Add your topic and corresponding time for that topic) **or** attach agenda and topic descriptions separately*

- |  |                   |
|--|-------------------|
| 1. Topic #1  | <i>X mins</i>     |
| 2. Topic #3  | <i>X mins</i>     |
| 3. Break   | <i>X mins</i>     |
| 4. Topic # 4   | <i>X mins</i>     |
| 5. Lunch Break (delete if class is not over 5.0 hrs) | <i>X mins</i>     |
| 6. Topic #5  | <i>X mins</i>     |
| 7. Topic #6  | <i>X mins</i>     |
| 8. Course Review & Assessment                        | <i>X – X mins</i> |

**Total Mins/Hours:    ???**

## **Student Assessment**

*Describe the method of assessment i.e → Upon class completion, students will be tested using an open question & answer session by the course instructors to ensure there is a general understanding of the materials presented during the course.*

**-OR-**

*[Will there be a written test? **If there is a written test please submit a copy of the test. ]***

**-OR-**

*If there is no exam, just say “No Examination”*

## **Instructor Bio:**

### **Instructor Name(s)**

*Please list a brief bio for the instructor(s) that will be teaching this class. What is your industry experience or education that qualifies you to teach this class? What other organizations have you taught for in the past (if any)?*

## **Example of Course Outline**

The timeline information needs to have details of course sections within each hour of the course, and the breakdown of how many minutes it will take to complete each section within the hour. A good rule to keep in mind is if the course/section is greater than one hour, specific time breakdown is needed, if course/section is less than one hour, no time breakdown is required.

For example:

|                       |  |                    |
|-----------------------|--|--------------------|
| 8:00 AM –<br>9:00 AM  | <b>Topic #1</b>  | 30 minutes         |
|                       | <b>Topic #2</b>  | 30 minutes         |
| 9:00AM –<br>9:15 AM   | <b>Break</b>   | 15 minutes         |
| 9:15 AM –<br>11:30 AM | <b>Topic # 3</b><br><i>Sub topic A description–</i><br>30 minutes<br><i>Subtopic B description –</i><br>30 minutes<br><i>Subtopic C description–</i><br>45 minutes<br><i>Subtopic D description–</i><br>30 minutes | 2 hours 15 minutes |
| 11:30 AM-<br>12:30 PM | <b>Lunch Break</b> (delete if entire class is not over 5.0 hrs)  | 60 minutes         |
| 12:30PM -<br>1:30PM   | <b>Topic #4</b><br><i>Subtopic A description –</i> 30 minutes<br><i>Subtopic B description –</i> 30 minutes  | 60 minutes         |
| 1:30 PM-<br>1:45PM    | <b>Break</b>   | 15 minutes         |
| 1:45 PM –<br>3:00 PM  | <b>Topic #5</b><br><i>Sub topic A description–</i><br>20 minutes<br><i>Subtopic B description –</i><br>20 minutes<br><i>Subtopic C description–</i><br>35 minutes  | 1 hour 15 minutes  |
| 3:00 PM-<br>4:00 PM   | <b>Course Review</b> 30 minutes<br><b>&amp; Assessment</b> 30 minutes<br><br>(provide assessment if applicable)  | 60 Minutes         |

**Total Mins/Hours:                      390 minutes/6.5 hours**