

STATE OF NEVADA
Bureau of Safe Drinking Water
Application for Approval of Course of Training for Continuing Education

Please complete application for approval of course of training which is intended to comply with any part of the requirement of continuing education, Nevada Administrative Code (NAC) 445A.638 to NAC 445A.643. Attach additional sheets as necessary. Submit application to: Nevada Division of Environmental Protection, Bureau of Safe Drinking Water, 901 South Stewart Street, Suite 4001, Carson City, NV 89701-5249 or email to: OpCert@ndep.nv.gov

PERSON COMPLETING APPLICATION: Name: _____

Phone: _____ Email: _____

COURSE PRIMARY INFO: Include: Name of Course, Location, Date(s)

Name of Course _____

Dates(s) _____ Location(s) _____

INSTRUCTORS: For each Presenter include: (attach additional sheets if necessary)

Name and Title: _____

Address: _____

Phone and email: _____ Email Address _____

COURSE DESCRIPTION: Include: Objectives, Content Summary, Allotted time for each topic.

OBJECTIVES OF INSTRUCTOR: Describe the essential points of instruction.

METHOD(S) OF TRACKING PARTICIPATION

METHOD(S) OF INSTRUCTION: Such as; In person, live webinar w/ proctors, on-demand classes.

REQUESTED TOTAL CONTACT HOURS OF INSTRUCTION: _____

INCLUDE THE FOLLOWING ATTACHMENTS:

- SPEAKER BIO
- SYLLABUS and/or detailed CLASS SCHEDULE
- HANDOUT MATERIAL (as needed)
- OTHER (as needed) _____

FOR OFFICE USE ONLY: APPROVAL OF COURSE

last edit 6/2021

Approval Signature: _____

Number of Contact Hours: _____ Date: _____