

**STATE OF HAWAII BOARD OF CERTIFICATION OF PUBLIC WATER SYSTEM OPERATORS**

**CONTINUING EDUCATION UNIT (CEU) REQUEST FORM**

**Requestor Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Course Information**

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Contact Hours (excluding lunch): \_\_\_\_\_

Sponsor: \_\_\_\_\_ Location: \_\_\_\_\_

Description:

**Attendees**

Student Name	Organization	Certification Number	Phone
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**Instructions**

The following must be submitted with this request:

1. Agenda or course outline with hours of training
2. Proof of course attendance, i.e., certificate or sign-in/sign-out sheet

Requests are due 1 month before the specified board meeting:  2/26/08  5/28/08  8/26/08  11/25/08

Submit

- by Mail to: Board of Certification of Public Water System Operators  
Hawaii Department of Health  
Safe Drinking Water Branch  
919 Ala Moana Blvd., Room 308  
Honolulu, HI 96814-4920
- by Fax to: 808-586-4351
- by Email to: sdwb@doh.hawaii.gov