

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: 2/24/09 5/27/09 8/25/09 11/24/09

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