NC Operator Certification Program

Updated:

March 6 2025

Approval Application

Professional Growth Hours / Continuing Education

For Drinking Water PGH approval, email this form to: [stephen.denning@deq.nc.gov](mailto:stephen.denning@deq.nc.gov)

For Wastewater CE approval, email this form to: renee.thompson@deq.nc.gov

Required with this completed application:

|  |  |
| --- | --- |
|  | Timed Agenda |
|  | Instructor Bio(s) |
|  | Sample Certificate of Completion |
|  | [ONLINE](https://files.nc.gov/ncdeq/Water%20Quality/Operator_Certification_Files/WW_Files/WW_Downloads/Questionnaire-Online-CEU.pdf) and/or [WEBINAR](https://files.nc.gov/ncdeq/Water%20Quality/Operator_Certification_Files/WW_Files/WW_Downloads/Questionnaire-Webinar-CEU-Final.pdf) Questionnaire (if applicable) |

Choose YES or NO for each question. (X)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | YES | NO |
| 1. Is this an online course? | (If YES, submit the [ONLINE](https://files.nc.gov/ncdeq/Water%20Quality/Operator_Certification_Files/WW_Files/WW_Downloads/Questionnaire-Online-CEU.pdf) questionnaire with this application.) |  |  |
| 1. Is this a webinar? | (If YES, submit the [WEBINAR](https://files.nc.gov/ncdeq/Water%20Quality/Operator_Certification_Files/WW_Files/WW_Downloads/Questionnaire-Webinar-CEU-Final.pdf) questionnaire with this application. |  |  |
| 1. Does the applicant own course content? | Only the owner can apply for course approval. |  |  |
| 1. Is applicant a product or service vendor? | Course can NOT include sales pitches and/or endorsements. |  |  |
| 1. Are any product or service vendors involved in the training? | Course can NOT include sales pitches and/or endorsements. The applicant will inform the inform instructors. |  |  |
| 1. Is applicant IACET accredited? |  |  |  |
| 1. Is applicant accredited by institution of higher learning? |  |  |  |

Contact Information

|  |  |
| --- | --- |
| Name of Organization providing course: |  |
| Responsible Person (First MI Last): |  |
| Address: |  |
| Phone: |  |
| Email: |  |

**Course Specifics**

Expand blank text boxes as needed. For #s 7-11 below, you can insert the required information into the table in multiple ways: drag a file; copy/paste a file; insert using the toolbar; type it in directly, etc. If none of that works, you can attach the file to the email you send in.

|  |
| --- |
| 1. **Course Title** |
|  |
| 1. **Course Description** Brief, 3 lines maximum. (Use #5 for justification.) |
|  |
| 1. **# of instruction hours requested** |
|  |
| 1. **Date, Time, Location of Course:** Include if it has been scheduled, if not, leave blank. |
|  |
| 1. **Justification: How does this course provide applicable continued education for the drinking water and/or wastewater operator?** |
|  |
| 1. **What educational materials will be used?** |
|  |
| 1. **Instructor Bios**: Insert text or Copy/Drag a file to the box below. |
|  |
| 1. **Timed Agenda**: Insert text or Copy/Drag a file to the box below. |
|  |
| 1. **Example Certificate**: Copy/Drag a file to the box below. |
|  |
| 1. [**ONLINE**](https://files.nc.gov/ncdeq/Water%20Quality/Operator_Certification_Files/WW_Files/WW_Downloads/Questionnaire-Online-CEU.pdf) **Questionnaire**: If applicable. Drag the pdf to the box below. |
|  |
| 1. [**WEBINAR**](https://files.nc.gov/ncdeq/Water%20Quality/Operator_Certification_Files/WW_Files/WW_Downloads/Questionnaire-Webinar-CEU-Final.pdf) **Questionnaire**: If applicable. Drag the pdf to the box below. |
|  |

**Signature**

Type, print, or sign your name below to verify the following:

* I affirm that I have read and understand the responsibilities and reporting requirements for training providers. Failure to comply may result in suspension or revocation of any approved trainings.
* I understand that the NC Operator Certification Program may audit any course at its discretion.
* I/Organization will retain records of any course approval number(s) and reference that number on correspondence and/or inquiries.

|  |  |
| --- | --- |
| Signature: | Date: |
|  |  |