



**PUBLIC WATER SUPPLY DRINKING WATER
OPERATOR/VALIDATOR CONTINUING EDUCATION
CREDIT REPORT**

State Form 45674 (R4 / 1-22)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH

**To ensure proper credit, the Indiana
Drinking Water approval number
MUST be submitted on this form.**

Indiana Drinking Water Approval Number

“PWS _____”

**The information in this document is confidential according to 327 IAC 8-12-7.6*

Mail to:	Indiana Department of Environmental Management OWQ Drinking Water Branch - Mail Code 66-34 100 N. Senate Avenue Indianapolis, IN 46204-2251	Maximum Credit Hours
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INSTRUCTIONS: To ensure proper credit, print legibly

This form must be completed in order for the attendee to get credit. Be sure to record the certification number and class/grade for each certification for which you are requesting credit.

Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7.6.

Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.

Name of certified operator/validator		Mailing address (number and street):		
City:	State:	ZIP code:	Work telephone number: ()	
<input type="checkbox"/> Check here if this is a change of address.				Home telephone number: ()

Title of training course:
Name of organization offering the course:
Number of contact hours approved for the course:

CREDIT APPLIED TO DRINKING WATER:

Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Operator certification number:	Class/Grade:	Expiration Date:
Certified validator number:	Number:	Expiration Date:
Date Attended: (Required)	Location attended:	
Number of contact hours attended and verified: (Required)		
Signature of instructor or training provider: (Required)		
Signature of drinking water operator/validator: (Required)		