

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](mailto: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: \_\_\_\_\_