



Department  
of Health

# INDIVIDUAL PRIVATE WATER SYSTEMS CONTRACTOR CONTINUING EDUCATION APPLICATION (CE-2)

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

Please submit the PWS CE-2 application to the address or email provided at the bottom of the application. The application must be signed to be considered for approval.

Please submit the information required for approval within ninety (90) days of completing the course, including: course agenda/itinerary and proof of course completion. Incomplete applications will be not be reviewed for approval.

<b>Applicant Information</b>		
Company Name registered as:		
Mailing Address:		
City:	State:	Zip Code:
Daytime Telephone w/ Area Code:	Email Address:	
<b>Proposed Continuing Education Units:</b> Attach the following information to this completed application: <ul style="list-style-type: none"> <li>Detailed explanation of the program content</li> <li>Program schedule (agenda with times for each portion of the program listed as well as any breaks given)</li> <li>Proof of program completion</li> </ul> If it is a multi-session course/conference, please clearly mark the session(s) you attended.  If you are applying for credit as a speaker, you must submit verification from the course sponsors that you spoke at the program along with a copy or outline of the presentation. Please note, you may only earn one third (1/3) of your hours each year as a speaker, and that you may only receive credit for presenting the same program/presentation one time.		
<b>Number of Hours Requested:</b>	_____ <b>Hours</b> (60 minutes – 1 contact hour, 15 minutes = 0.25 contact hour)	
I hereby request approval of the training activity indicated on page two of this application for private water systems contractor continuing education (CE). I affirm that I have completed the indicated training activity and all supporting documents are true and accurate. I understand that if any information provided within this application is determined to be falsified, any approval of the training activity for STS contractor CE will be voided.		
<b>Print Name of Applicant:</b>	<b>Signature of Applicant:</b>	<b>Date:</b>

**ODH use only:**

Date Received:	Reviewed By:
	1. _____ 2. _____
<input type="checkbox"/> Approved      Hours: _____	<input type="checkbox"/> Not Approved

Submit completed application and supporting documents to [BEH@odh.ohio.gov](mailto:BEH@odh.ohio.gov) or mail to:  
 Ohio Department of Health  
 BEHRP/Private Water Systems  
 246 North High Street  
 Columbus, OH 43215

## Program Information

*(Attach separate sheet if necessary)*

<b>Title of Program/Course:</b>	
<b>Instructor's Name(s):</b>	<b>Sponsor's Name(s):</b>
<b>Location Where Course Was Held:</b>	<b>Date(s) of Program:</b>
<p><b>Detailed Program Description:</b>  Describe the relevancy to private water system contractors for the program/course you attended and the educational benefits you received by attending the course/program. You may provide a separate sheet for explanation, if needed.</p>	
<p><b>Subject Matter:</b>  Subject matter which improves the practice of the PWS contractor and develops skills necessary to use such knowledge is acceptable for continuing education credit. Check all boxes that apply:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Well Drilling      <input type="checkbox"/> Rotary      <input type="checkbox"/> Cable Tool      <input type="checkbox"/> Bucket Auger      <input type="checkbox"/> Point Wells  <input type="checkbox"/> Other: _____ </p> <p style="margin-left: 40px;"> <input type="checkbox"/> Cistern / Hauled Water Storage Tank Installation  <input type="checkbox"/> Spring Development  <input type="checkbox"/> Pond Construction  <input type="checkbox"/> Pump, Controls, Alarms  <input type="checkbox"/> Pitless Adapters  <input type="checkbox"/> Piping / Distribution System Installation  <input type="checkbox"/> Backflow Prevention  <input type="checkbox"/> Continuous Disinfection Installation  <input type="checkbox"/> Chlorine      <input type="checkbox"/> Iodine      <input type="checkbox"/> Ultra-violet (UV)      <input type="checkbox"/> Ozone  <input type="checkbox"/> Sealing and Decommissioning Private Water Systems  <input type="checkbox"/> Service/Maintenance  <input type="checkbox"/> Electrical  <input type="checkbox"/> Safety  <input type="checkbox"/> Inspections/Evaluations  <input type="checkbox"/> Other (please describe): _____ </p>	