STATE OF MAINE
BOARD OF LICENSURE OF WATER SYSTEM OPERATORS
11 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0011

APPLICATION FOR APPROVAL OF TRAINING CONTACT HOURS (TCH)

Courses must comply with the following criteria to receive Board Approval:

- Meet Association of Boards of Certification Need to Know Criteria for Treatment and/or Distribution; OR
- Meet the Board's definition of "relevant training", defined as:
  - The training demonstrates a direct link to water quality, water supply, or protection of public health; **and**
  - The training is relevant to the management of operation and/or maintenance of public water systems; **or**
  - The training is relevant to the operation and/or maintenance of public water systems.

Please complete the following section.

Course Title: _____

Training Organization: _____

Training Organization Contact: _____

Name of Person Requesting TCH: _____

Phone #: _____ Email: _____

Use the **ABC Need to Know** criteria to complete the following section. (The ABC Need to Know documents are available at: tinyurl.com/Need2KnowTreatment (for Treatment Operators) or tinyurl.com/Need2KnowDistribution (For Distribution Operators).

Core Competency: _____

Required Capabilities: _____

How does the proposed training meet ABC Need to Know criteria?

_____

_____

_____

_____

_____

Number of Training Contact Hours requested: _____

A training contact hour (TCH) equals one hour of "contact". Contact is defined as "interaction between a learner and instructor, or between a learner and materials, which have been prepared to facilitate learning".

Attach the agenda, brochures or materials that describe training topic(s) covered and the time allotted for each topic or class.

After training is completed, submit attendance records to the Board at:

Board of Licensure of Water Systems Operators
11 State House Station, Augusta, ME 04333-0011

Or by fax: (207) 287-4172 or email: james.jacobsen@maine.gov.

Contact James Jacobsen by e-mail or at (207) 287-5695 with any questions.

OFFICE USE ONLY

Course Title: _____
_____

Course ID: _____ - _____- _____

Reviewed by _____

Date: _____