

Training Course Sponsor

REQUEST FOR COURSE EVALUATION & CEU ASSIGNMENT

Washington Certification Services at Green River College processes all Requests for Course Evaluation and CEU Assignment based on procedures established by Washington State Department of Health's Waterworks Operator Certification Program. Requests for evaluation of Live Training that are incomplete, submitted by other than the course sponsor, received less than **15 days in advance** of the course date, or that do not meet DOH guidelines for CEU assignment will be returned to the originator.

Washington Certification Services 1221 D
Street NE Auburn, WA 98002
PLEASE DO NOT USE STAPLES

submittalsWCS@greenriver.edu

SPONSOR INFORMATION		
Sponsoring Organization		
Contact Name		Company Name
Address 1		Address 2
City	State	Zip Code
Email	Phone Number (including area code)	Website Would you like a link to your training to be posted on our website? If so, enter website below
COURSE INFORMATION		
Course Title		
Course Title		
Start date End Date		Location
Has this course been evaluated previously? If yes, enter Course Identification Number A Has the course content or iength thanged since the last evaluation?)		
Yes No		Yes No
How is this training directly related to the operation or maintenance of a water system, or to the management of the operation or maintenance of a water system? How will waterworks operators use this training to influence water quality, water supply or public health protection?		
the management of the operation or maintenance of a water system? Water supply or public health protection?		
How will attendance be monitored and verifled?		
Satisfactory program completion demonstrated by (check as appropriate and attach examples):		
Skill Demonstration or Project Oral/Written Report or Examination Other		
REQUIRED ATTACHMENTS		
Outline, program or abstract		
Learning outcomes that participants will be expected to demonstrate as a result of this training Time schedule including beginning and ending times, breaks, tunches, etc.		
Name, address and professional qualifications of instructor and method of instruction used		
FOR OFFICE USE ONLY		

Original Certification Date

Approval Date

Course Renewal

No

Yes

Revised 3.27.2025

CEU Assignment

Notes

ID Number