

Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals TRAINING COURSE APPROVAL APPLICATION

Application is only for Providers seeking approval for a Training Course.

Only one training course approval per application.

The Board does **not** approve any Providers for continuing education courses.

1. Select the category of licensure for which you are seeking training course approval (only one training course per application):

☐ Waterworks Operator ☐ Onsite Soil Evaluator ☐ Onsite Sewage System Operator
☐ Wastewater Works Operator ☐ Onsite Sewage System Installer

2. Name of Training Provider/Sponsor _____

- Must be an identifiable organization with a staff of one or more persons with the authority to administer/coordinate a training credit program.
- A sole proprietor should enter his/her full legal name and the company name should be entered below as the Trade/DBA name. All names must be the same as the name on your government issued ID or organization/business documents.

3. Trade, "Doing Business As" (DBA) or Fictitious Name _____

4. A. Type of business entity (select only **one**)

☐ Sole Proprietorship ☐ General Partnership ☐ Solely Owned LLC ♦ ☐ Other, please specify:
☐ Corporation ♦ ☐ Limited Partnership ♦ ☐ Limited Liability Company ♦

Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company

- B. State Corporation Commission Number: _____ (If applicable)

- Attach a copy of the Certificate of Assumed or Fictitious Name filed with the State Corporation Commission pursuant to §59.1-69 of the Code of Virginia or other proof of registration with the State Corporation Commission.
- ♦ If the firm/business is a **corporation**, **limited liability company**, or **limited partnership**, the firm/business trade name(s) must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses must register any trade or fictitious names with the State Corporation Commission. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

5. Provide **one** of the following identification numbers*:

☐ Business Federal Employer Identification Number (FEIN)

-
 Federal Employer Identification Number (12-3456789)

☐ *Sole Proprietor's/Individual's* Social Security Number **or**

☐ **Virginia** Department of Motor Vehicles Control Number

- -
 Social Security or Virginia DMV Number (123-45-6789)

- Enter the same identification number as used on previous applications or licenses on file with the department.

* State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

6. Mailing Address (PO Box accepted) _____

The mailing address will be
 printed on the license.

City _____ State _____ Zip Code _____

7. Street Address (PO Box **not** accepted) ☐ Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED

City _____ State _____ Zip Code _____

8. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

9. Email Address _____
Email address is considered a public record and will be disclosed upon request from a third party.

10. Name and Title of Contact Person _____
Name Title

11. Course Title _____

12. Delivery method of course:
☐ In-person ☐ Virtual ☐ Distance ☐ Online

If in-person, provide the location where the course will be taught:

13. Frequency of the course:
☐ One time only (provide date) _____
☐ Multiple times (list all dates) _____

14. List all instructors information below and attach a copy of each Instructor's resume or Curriculum Vitae (CV):

Name	Title	Attachment
		☐ Resume
		☐ CV
		☐ Resume
		☐ CV
		☐ Resume
		☐ CV
		☐ Resume
		☐ CV
		☐ Resume
		☐ CV
		☐ Resume
		☐ CV
		☐ Resume
		☐ CV

15. *I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve this application.*

Print Name _____ Title _____

Signature _____ Date _____

(Required Attachments to follow.)

PLEASE READ AND FOLLOW THE INSTRUCTIONS OUTLINED BELOW

Attachments Required for Board Approval

Each of the following attachments must be submitted with the application before it can be considered for course approval. List each attachment in the order that they are compiled in the list below. Include a spacer page for each attachment for simple identification. The spacer page should be a single sheet of paper with the attachment number and title in large letters.

Only complete applications with all required attachments will be considered for course approval.

- **Attachment #1: Course Syllabus or Outline.** Attach a detailed course syllabus that outlines major topics, laboratory and field activities, audio-visual presentation(s), any other major activities, and the planned presentation sequence.
- **Attachment #2: Course Schedule.** Attach a detailed course schedule (hour by hour), including start and end times and list of planned breaks.
- **Attachment #3: Course Materials.** Attach a list of detailed information pertaining to any materials used or distributed during the course, including books, handouts, pamphlets, and slide presentations/overheads. If sponsor or instructor-generated videos will be used, attach a brief description of each item. Attach a copy of any "custom" information developed by the provider and all reference materials that will be utilized by the instructor during the course.
- **Attachment #4: Means to Assess Learning.** Attach a description of the means that will be used to assess the learning of each participant to determine successful completion of the training course, such as examinations, projects, personal evaluations by the instructor or other recognized evaluation techniques.
- **Attachment #5: Course Completion.** Attach a copy of the certificate that will be issued to participants signifying successful completion of a training course. Such documentation must contain the hours completed, the date of training, and the training course identification number assigned by the board.
- **Attachment #6: Record Policy.** Attach a copy of the company's policy on the retention and release of student records. This policy must include the establishment that records are maintained for a minimum of 5 years by the organization.
- **Attachment #7: Instructor Information.** For each instructor identified in the application, the following information must be provided: instructor qualifications, license number (if applicable), a list of trade-appropriate designations, and a professional resume with a summary of teaching experience and subject matter knowledge and qualifications acceptable to the Board.