Training Submittal

Certified Waterworks Operator / Backflow Prevention Assembly Tester

Type Certified	ification (<i>ci</i> l Waterworl		r					Dovice	wod byr Hu	nter I adner 05/29/2020		
□ Backflov		-						Kevie	ewea py: <u>Hu</u>	nter Ladner 05/28/2020		
			•									
SECTION I		Informati	At Your Pace	Online	Ryan Imel							
Organization Name Organization Telephone			877-724-6150						Name Email	-		
Organization Mailing Address			1383 2nd Ave		contact@atyourpaceonline.com 877-724-6150							
- 8			City	•	077 727 0100							
SECTION I	I _ Trainin	a Locatio	n									
Building	1 – 11aiiii	ig Locatio		0.1:								
			Available	Online								
Physical Ac	ddress		Website https://www.aypotech.com/									
			City				State	Zip Code				
SECTION I	II – Traini	ng Schedi	ıle									
Date	Time	CEU				Topic(s	s)			Speaker and Organization		
24/7	online	6.5			Ut	tility Mana	gement			Tony Goff		
TOTAL Continuing Educational Units									6.5			
SECTION	IV – Trair	ning Mate	rial (Check al	l that app	lv)							
■ Visual A		ower Poin				Manual Na	me: <u>Online i</u>	nteractive	slides, quizz	es and videos		
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	V — Submis	sion Optio	ons (Select one		ONLY)		1	_				
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water.reports@n			or UPS. FedEx. Etc. 570 E. Woo					odrow Wilson				
					700, Jackson, MS 39215-1700							
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■ Approve	d		□ Disapprov									
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Training Submittal

Certified Waterworks Operator / Backflow Prevention Assembly Tester

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	w Aterwork w Preventio	•						Kevie	wea by: <u>Hu</u>	nter Ladner 05/28/2020	
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SECTION I – Contact Informat Organization Name			At Your Pace	Online	Ryan Imel						
Organization Telephone			877-724-6150		contact@atyourpaceonline.com						
Organization Mailing Address			1383 2nd Ave		541-371-2882						
			City	<u>'</u>							
SECTION	II Troinin	ng I ocotio	n								
Building	11 – 11 anni	ig Locatio		0.11							
Dunung			Available	Online							
Physical A	ddress		Website https:	//www.ayp	otech.co	m/					
			City State Zip Code								
SECTION 1	III Troini	na Sahadi	ılo								
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24/7	online	Hours 1.5			Dine	eline Appu				Tony Goff	
24/1	Offine	1.5			1 ipc	тис Арри	tenances			Tony Gon	
TOTAL Continuing Educational Units									1.5		
SECTION	I IV – Trair	ning Mate	rial (Check al	l that appl	lv)						
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SECTION '	V – Submis	sion Ontic	ons (Select one	method (ONLY)						
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Lillan	water	reports@n	Bureau of Pu						Public Water Supply		
water.reports@n			OR UPS, FedEx, Etc. 570 E. Wood						odrow Wilson 700, Jackson, MS 39215-1700		
									1.O. BOX I	700, Jackson, 1915 57215-1700	
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Training SubmittalCertified Waterworks Operator / Backflow Prevention Assembly Tester

Type Certification (check one) □ Certified Waterworks Operator □ Backflow Prevention Assembly Tester											
SECTION I Organizatio Organizatio Organizatio	n Name n Telephone	e	At Your Pace 877-724-6150 1383 2nd Ave City)	OR 97525	Ryan Imel 877-724-6150					
SECTION II Building	[– Training	g Location	Room Number								
Physical Ad	ldress		Website https://www.aypotech.com/ City State Zip Code								
SECTION III – Training Sched Date Time CEU Hours			de			Speaker and Organization					
SECTION □ Visual Ai			rial (<i>Check al</i> t □ Hand O		ly)	OTAL Continuing Educ	ational Units				
			ons (Select one			mc.					
Email water.reports@r			ısdh.ms.gov	Fax	State Department of Health Public Water Supply odrow Wilson 700, Jackson, MS 39215-1700						
□ Approved	l		□ Disapprov		O NOT WRITE BE	LOW THIS LINE					
Tra	ining Code:		Reason:								

Instructions

Training Submittal

PURPOSE

To review and approve or disapprove training session submitted to the Mississippi State Department of Health, Bureau of Public Water Supply for Continuing Education (CEUs) of Certified Waterworks Operators and training courses for Backflow Prevention Assembly Tester (BPAT) initially applying and/or renewing a current certification.

INSTRUCTIONS

This form must be completed by the entity at least forty-five (45) days prior to the scheduled training date.

Type Certification

1. Select type of profession to receive training. NOTE: A separate form must be filled out for each profession.

Reviewed by

2. For Mississippi State Department of Health, Bureau of Public Water Supply staff only – Initial document when reviewed.

SECTION I - Contact Information

- 3. Enter the organization that will perform training session.
- 4. Enter name of person filling out this form or person (speaker) that will perform training session.
- 5. Enter organization
- 6. Enter organization's mailing address.
- 7. Enter email address of person performing training session.

SECTION II – Training Location

- 8. Enter location of training to occur.
- 9. Enter number of the building or room number, if available.
- 10. Enter the physical address of the building of training to occur.

SECTION III - Training Schedule

- 11. Enter date of training session(s).
- 12. Enter time of training session(s).
- 13. Enter number of hours to offer.
- 14. Enter training theme topic of training session(s).
- 15. Enter name of speaker(s) and name of organization.

SECTION IV - Training Material(s)

16. Select type(s) of material to use in the training session(s).

SECTION V – Submission Options. Select one (1) method ONLY.

- 17. Email (preferred) to the web link provided
- 18. Fax to number provided
- 19. Mail to the address provided

OFFICE MECHANICS AND FILING

After the Bureau of Water Supply staff member approves/disapproves the training session, a copy of the training submittal form is returned to the organization and the original submittal form is filed in a binder.

RETENTION PERIOD

This form must be retained for three (3) years or until audited.