Training Submittal

Certified Waterworks Operator / Backflow Prevention Assembly Tester

Type Certification (*check one*)

■ Certified Waterworks Operator

☐ Backflow Prevention Assembly Tester

Reviewed by: Hunter Ladner 05/28/2020

SECTION I – Contact Information

Organization Name	At Your Pace Online	Name	Ryan Imel
Organization Telephone	877-724-6150	Email	contact@atyourpaceonline.com
Organization Mailing Address	1383 2nd Ave OR 97525 (City / State / Zip Code)	Telephone	877-724-6150

SECTION II – Training Location

Building	Available Online 24/7	Room Number	
Physical Address	Website https://www.aypotech.com/ (City / State / Zip Code)		

SECTION III – Training Schedule

Date	Time	CEU Hours	Topic(s)	Speaker and Organization
24/7	online	6.5	Utility Management	Tony Goff
			TOTAL Continuing Educational Units	6.5

SECTION IV – Training Material (*Check all that apply)*

■ Visual Aid(s) ☐ Power Point ☐ Hand Out ■ Video ☐ Manual Name: Online interactive slides, quizzes and videos

SECTION V – Submission Options *(Select one method ONLY)*

Email	**Fax**	**Mail**
water.reports@msdh.ms.gov	(601) 576-7800 OR (601) 576-7822	U.S. Postal Service, UPS, FedEx, Etc. Mississippi State Department of Health Bureau of Public Water Supply 570 E. Woodrow Wilson P.O. Box 1700, Jackson, MS 39215-1700

DO NOT WRITE BELOW THIS LINE	
■ Approved	☐ Disapproved
Training Code:	Reason:
AYP_ONLINE_UM_0R 6.5T	

Training Submittal

Certified Waterworks Operator / Backflow Prevention Assembly Tester

Type Certification (*check one*)

■ Certified Waterworks Operator

☐ Backflow Prevention Assembly Tester

Reviewed by: Hunter Ladner 05/28/2020

SECTION I – Contact Information

Organization Name	At Your Pace Online	Name	Ryan Imel
Organization Telephone	877-724-6150	Email	contact@atyourpaceonline.com
Organization Mailing Address	1383 2nd Ave OR 97525 (City / State / Zip Code)	Telephone	541-371-2882

SECTION II – Training Location

Building	Available Online 24/7	Room Number	
Physical Address	Website https://www.aypotech.com/ (City / State / Zip Code)		

SECTION III – Training Schedule

Date	Time	CEU Hours	Topic(s)	Speaker and Organization
24/7	online	1.5	Pipeline Appurtenances	Tony Goff
			TOTAL Continuing Educational Units	1.5

SECTION IV – Training Material (*Check all that apply)*

■ Visual Aid(s) ☐ Power Point ☐ Hand Out ■ Video ☐ Manual Name: Online interactive slides, quizzes and videos

SECTION V – Submission Options *(Select one method ONLY)*

Email	**Fax**	**Mail**
water.reports@msdh.ms.gov	(601) 576-7800 OR (601) 576-7822	U.S. Postal Service, UPS, FedEx, Etc. Mississippi State Department of Health Bureau of Public Water Supply 570 E. Woodrow Wilson P.O. Box 1700, Jackson, MS 39215-1700

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Training Code:	Reason:
AYP_ONLINE_Pipeline_0R 1.5T	

Training Submittal

Certified Waterworks Operator / Backflow Prevention Assembly Tester

Type Certification (*check one*)

☐ Certified Waterworks Operator

☐ Backflow Prevention Assembly Tester

Reviewed by: _____

SECTION I – Contact Information

Organization Name	At Your Pace Online	Name	Ryan Imel
Organization Telephone	877-724-6150	Email	
Organization Mailing Address	1383 2nd Ave OR 97525 (City / State / Zip Code)	Telephone	877-724-6150

SECTION II – Training Location

Building		Room Number	
Physical Address	Website https://www.aypotech.com/		
	City / State / Zip Code		

SECTION III – Training Schedule

Date	Time	CEU Hours	Topic(s)	Speaker and Organization
			TOTAL Continuing Educational Units	

SECTION IV – Training Material (*Check all that apply)*

☐ Visual Aid(s) ☐ Power Point ☐ Hand Out ☐ Video ☐ Manual Name: _____

SECTION V – Submission Options *(Select one method ONLY)*

Email	water.reports@msdh.ms.gov	**Fax**	(601) 576-7800 OR (601) 576-7822	**Mail** U.S. Postal Service, UPS, FedEx, Etc.	Mississippi State Department of Health Bureau of Public Water Supply 570 E. Woodrow Wilson P.O. Box 1700, Jackson, MS 39215-1700

DO NOT WRITE BELOW THIS LINE	
☐ Approved	☐ Disapproved
Training 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 <u>or</u> 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.