

# Certified Waterworks Operator / Backflow Prevention Assembly Tester

**Reviewed by:** Hunter Ladner 05/28/2020

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	Telephone	877-724-6150
	City	State	Zip Code		

Building	Available Online 24/7	Room Number	
Physical Address	Website <a href="https://www.aypotech.com/">https://www.aypotech.com/</a>		
	City	State	Zip Code

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

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

<b>Email</b>	<a href="mailto:water.reports@msdh.ms.gov">water.reports@msdh.ms.gov</a>	<b>Fax</b>	(601) 576-7800 OR (601) 576-7822	<b>Mail</b> U.S. Postal Service, UPS, FedEx, Etc.	<u>Mississippi State Department of Health</u> Bureau of Public Water Supply 570 E. Woodrow Wilson P.O. Box 1700, Jackson, MS 39215-1700
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DO NOT WRITE BELOW THIS LINE	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Training Code:	Reason:
AYP_ONLINE_UM_0R 6.5T	

# Certified Waterworks Operator / Backflow Prevention Assembly Tester

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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		Telephone	541-371-2882
	City		State		Zip Code	

Building	Available Online 24/7	Room Number	
Physical Address	Website <a href="https://www.aypotech.com/">https://www.aypotech.com/</a>		
	City	State	Zip Code

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

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

<b>Email</b>	<a href="mailto:water.reports@msdh.ms.gov">water.reports@msdh.ms.gov</a>	<b>Fax</b>	(601) 576-7800 OR (601) 576-7822	<b>Mail</b> U.S. Postal Service, UPS, FedEx, Etc.	<u>Mississippi State Department of Health</u> 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	

Certified Waterworks Operator / Backflow Prevention Assembly Tester

☐ 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	Telephone	877-724-6150
	City	State	Zip Code	

## SECTION II – Training Location

Building		Room Number	
Physical Address	Website <a href="https://www.aypotech.com/">https://www.aypotech.com/</a>		
	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)*

<b>Email</b>	<a href="mailto:water.reports@msdh.ms.gov">water.reports@msdh.ms.gov</a>	<b>Fax</b>	(601) 576-7800 OR (601) 576-7822	<b>Mail</b> U.S. Postal Service, UPS, FedEx, Etc.	<u>Mississippi State Department of Health</u> Bureau of Public Water Supply 570 E. Woodrow Wilson P.O. Box 1700, Jackson, MS 39215-1700
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DO NOT WRITE BELOW THIS LINE	
<input type="checkbox"/> Approved	<input type="checkbox"/> 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.

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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.