



**Arkansas  
Department  
of Health**

**TRAINING APPROVAL REQUEST**  
**ARKANSAS WATER OPERATOR LICENSING PROGRAM**  
 ENVIRONMENTAL HEALTH BRANCH • ENGINEERING SECTION

Please provide **ALL** applicable information requested below. You may complete this form either by hand or electronically.

**COURSE INFORMATION** (attach course agenda if available)

|  |            |                                       |                     |                     |
|--|------------|---------------------------------------|---------------------|---------------------|
| Title  |            | Location Name                         |                     |                     |
| Address  |            | City, State, & Zip                    |                     |                     |
| Date(s)<br>through                                       | Start Time | End Time                              | Total Meeting Hours | Expected Attendance |
| Instructor 1 (attach qualifications)                     |            | Instructor 2 (attach qualifications)  |                     |                     |
| Instructor 3 (attach qualifications)                     |            | Instructor 4 (attach qualifications)  |                     |                     |
| Learning Objectives (attach additional sheets as needed) |            | Presentation method/Other Information |                     |                     |

**SPONSOR INFORMATION**

|  |                            |                    |                 |  |
|--|----------------------------|--------------------|-----------------|--|
| Organization   |                            | Contact Name       |                 |  |
| Address  |                            | City, State, & Zip |                 |  |
| Office Phone Number<br>( ) -   | Office Fax Number<br>( ) - | Email Address      |                 |  |
| Signature of Person in Charge of Course (email of submitter if submitted electronically) |                            |                    | Date of Request |  |

- An approval request form must be submitted for each course to be considered for approval.
- All courses must be submitted for approval a minimum of two (2) weeks prior to the course being held.
- If the above information changes, notification of the changes must be provided to this office.
- Attendance records must be kept providing general course information and operator attendance. The record at a minimum must provide the operator's name, training ID # consisting of the last 4 digits of the SSN and first 3 letters of the last name, employer's name, and for multiple session courses which sessions were attended. The person in charge of the course must sign the attendance record. An alphabetized computer-generated list is acceptable and preferred.
- An acceptable attendance record must be filed with this office for operators to receive attendance credit.
- Persons that do not attend the entire course/session should be so noted on the attendance roster.
- Engineering Section staff may monitor any approved course without notice.
- Approved courses must be primarily classroom style sessions or training designed labs or work areas.
- This office strongly encourages on-the-job training programs, but they cannot be approved for training credit.

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| To submit by mail, send the completed form to<br>Engineering Section • Slot 37<br>Arkansas Department of Health<br>4815 West Markham Street<br>Little Rock, AR 72205-3867 | To submit electronically, send the completed form to:<br><br>Arkansas Water Operator Licensing Program:<br><a href="mailto:ADH.Water.Licensing@arkansas.gov">ADH.Water.Licensing@arkansas.gov</a> |
|---|---|

**FOR LICENSE OFFICE USE ONLY**

|   |                        |
|---|------------------------|
| Type of Training Approved                               | Approved Renewal Hours |
| Training Coordinator or Certification Officer Signature | Date                   |