Commonwealth of Massachusetts
Executive Office of Environmental Affairs
Department of Environmental Protection

MASSACHUSETTS BOARD OF CERTIFICATION

REQUEST FOR TRAINING CONTACT HOURS (TCH) EVALUATION

Instructions:
- Type or print clearly in ink only.
- Include the following attachments:
  1. Example of completion form or documentation for course.
  2. Course outline.
  3. List of instructional materials used in course.
  4. Name, address, and background of course instructor.
- Mail application and attachments to:
  Board of Certification of Wastewater Treatment Plant Operators
  Department of Environmental Protection
  One Winter Street
  Boston, MA 02108

Please complete all applicable sections on this form and attach all required materials.
The Board will not consider incomplete requests.

Name or Association

Address
Street                                    Town/City
State                      Zip

Daytime Phone Number

Name of Person Requesting TCHs

Course or Conference Date(s)

Course or Conference Title

Course or Conference Location

How does this training relate to the operation, maintenance, or management of a Wastewater Treatment Plant?

Lecture Time (hours)   Hands on Lab Time (hours)   Field Trip Length (hours)   Other (explain)

How is attendance monitored or verified?

How is a completed program certified? (Pass/Fail, Certificate, Other)

For Official Use Only

Date Received
Board Approval of Date  Board Yes/No  Status and Comments  Certification Number