

**School of Community Government (SCG)  
Water and Wastewater Program  
Certification Form**



**To apply for or maintain certified status in Water and Wastewater eligible operators in positions with NWT community governments must complete this form annually to register their Continuing Education Units (CEU's). Please return the form to Municipal and Community Affairs by fax 867-873-0584.**

**Personal Information**

Name: \_\_\_\_\_  Male  Female

Mailing Address \_\_\_\_\_ Community: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\_\_\_\_\_ Phone: (Home): \_\_\_\_\_ Phone: (Work) \_\_\_\_\_

Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

**FOR FURTHER PROGRAM INFORMATION CONTACT:**

**PHONE 867-920- 3159**

School of Community Government  
Yellowknife  
Phone: (867) 920-3159  
Fax: (867) 873-0584

Beaufort Delta Region  
Inuvik  
Phone: (867) 777-7312  
Fax: (867) 777-7352

Sahtu Region  
Norman Wells  
Phone: (867) 587-7100  
Fax: (867) 587-2044

Deh Cho Region  
Fort Simpson  
Phone: (867) 695-7223  
Fax: (867) 695-2029

South Slave Region  
Fort Smith  
Phone: (867) 872-6525  
Fax: (867) 872-6526

North Slave Region  
Yellowknife  
Phone: (867) 920-8066  
Fax: (867) 873-0622

**Section 1: Education**

Highest level of education completed: \_\_\_\_\_

Level of training completed (Certified): If certification occurred outside of the NWT, please attach proper documentation.

- Small Systems Water Treatment
- Class I Water Treatment
- Class II Water Treatment
- Small Systems Wastewater Treatment
- Class I Wastewater Treatment
- Small Systems Wastewater Collections
- Class I Wastewater Collections
- Chlorine Handling
- Solid Waste

**Section 2: Experience**

Number of years experience as a (please circle which one): Water Treatment Plant Operator / Wastewater Treatment-Collections Operator / Solid Waste Operator \_\_\_\_\_

H:\Program Administration 0100 (ORCS)\Course Delivery Templates 0140\Course Registration template 2008\Draft W-W CEU Certification Form Template - Mar 08.doc

**Please complete and fax back both pages of this form to (867) 873-0584**

FAX BACK 2 PAGE FORM (867) 873-0584

**Section 3: CEU's – Attach all relevant materials (where appropriate)**

In order to maintain their current certification status or apply for status upgrades, operators must register this form every year. In general, 1 CEU is equivalent to 10 contact hours of training. An operator must register a minimum of 2 CEU's every two years. There is no charge for this service.

Check off the CEU's to be registered for. If registering for a CEU more than once, please indicate in the right column how many times you have completed the CEU.

Check	Continuing Education Credit (CEU) Items	Number of credits available	Number of credits registered
	WTP Related Conferences (per)	1.0	
	WTP Related Paper (per)	1.0	
	Publish Related Newsletter	1.0	
	Appointed to Water Board/H&SS Authority	1.0	
	Related Classroom Instruction	1.0	
	Related Classroom Presentation	0.5	
	Training During Commissioning WTP	0.5	
	WWA Executive Member	1.0	
	Attend Safety Meetings	Max 0.5/year	
	Participants in a Community Planning Study/ System Review/Audit	0.5	
	School of Community Government WTP Course or Field Training	1.0	
	Workshops WHMIS/Dangerous Goods/ Confined Spaces	0.5	
<b>TOTAL CEU's REGISTERED:</b>			

*If you are signing up for the Small Systems training, please answer the following questions and submit with your course registration form:*

1. Have you taken this course before? \_\_\_\_\_
2. Do you have your WHMIS certification? \_\_\_\_\_
3. Would you like to write the "Very Small/Small Water Systems" exam? \_\_\_\_\_
4. Please indicate your math confidence:
  - High
  - Medium
  - Low

**I certify that the information provided above is correct. If admitted to the course, I agree to comply with any guidelines, rules, regulations and policies of the School of Community Government. I also understand that my performance records may be distributed to my sponsor upon request.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent or Guardian if student is under age 19

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_