

# INDIANA ONSITE WASTEWATER PROFESSIONAL ASSOCIATION (IOWPA) CONTINUING ONSITE SEWAGE EDUCATION INSTALLER AND/OR INSPECTOR COURSE APPROVAL APPLICATION

Mail completed form to:

Indiana Onsite Wastewater Professional Association

7915 S. Emerson Ave., Ste. 132

Indianapolis, IN 46237-9708

Website: [www.iowpa.org](http://www.iowpa.org) Email: [indianaonsitewastewater@gmail.com](mailto:indianaonsitewastewater@gmail.com) or contact 317.965.1859

**REQUIRED STANDARDS-** For approval, the following standards must be met for each Educational Course.

1. Application should be submitted AT LEAST 14 days prior to scheduled date of course.
2. Subject matter should relate to onsite sewage systems, design, installation and maintenance. Other subject matter will be considered on a case by case basis.
3. A **program or agenda** showing the duration of the course, listing of instructors, including start and end time, topics, break time, lunch, tour, etc, must be submitted.
4. Written verification **of course completion** must be provided to all participants.
5. The applicant should also provide a complete listing of participants to IOWPA **not more than two weeks** after course offering.

## I. APPLICANT INFORMATION

Organization or Company Name			Phone Work Cell
Contact Name	Title		Fax
Mailing Address	City	State	Zip
E-mail Address :	Website :		Date
Submitted by (if other than the sponsoring organization): Name Company Mailing Address  Phone: Work/Cell/Home Email:			

### DO NOT WRITE IN THIS AREA

Approved: Yes [ ] No [ ] Approval Date: \_\_\_\_\_

Exp. Date: **Day after program ends** CEU Hours \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# INDIANA ONSITE WASTEWATER PROFESSIONAL ASSOCIATION (IOWPA)

## CONTINUING ONSITE SEWAGE EDUCATION COURSE APPROVAL APPLICATION

**II. COURSE INFORMATION** - Submit or attach the following information on each educational course for which approval is desired. Reference to attachments may be noted in the appropriate space.

Please check all that apply:

Installer Training     Inspector Training     Installer/Inspector Training (1 hour = 1 hour for EACH certification program)

1. Course Name: \_\_\_\_\_

2. Number of Continuing Education Units (CEU) requested: \_\_\_\_\_  
(excluding breaks, lunch, travel time, etc.)

3. Course Offering Date(s) : \_\_\_\_\_

4. Location Where Course will be Offered : \_\_\_\_\_

5. Course Description: \_\_\_\_\_

6. List the instructional materials used for the course.

- A. Power Point Presentation
- B. Program Booklet
- C. Public Awareness Handouts
- D. Electronic Q & A Devices

7. Attendance Monitoring and Verification (Check all that apply)

- Sign In and Out
- Program Survey

8. Criteria or performance measurement used to determine a participant's course completion? (Check any or all that apply)

- Attend and participate in each session
- Pass course Electronic Survey as a group
- Complete Program Survey

9. This course will be offered on a regular basis.

- Yes
- No

If yes, approximate repeat offering

- Every 6 -12 months
- Annually
- Biennially

10. Has this course been approved before?

- Yes
- No

### III. INSTRUCTOR INFORMATION

Other Attachment (s): Write in the open space below or attach any additional information about the course.

1. Names and Titles of Instructors:

---

---

**Questions or concerns should be directed to the IOWPA office at  
7915 S. Emerson Ave., Ste. 132, Indianapolis, IN 46237-9708 or  
[indianaonsitewastewater@gmail.com](mailto:indianaonsitewastewater@gmail.com)**