

STATE OF HAWAII BOARD OF CERTIFICATION OF PUBLIC WATER SYSTEM OPERATORS

CONTINUING EDUCATION UNIT (CEU) REQUEST FORM

Requestor Information

Name: _____ Phone: _____

Address: _____

Email: _____

Course Information

Title: _____

Date: _____ Time: _____ Contact Hours (excluding lunch): _____

Sponsor: _____ Location: _____

Description:

Instructions

The following must be submitted with this request:

- ☐ Agenda or course outline with hours of training
- ☐ Proof of course attendance, i.e., certificate or sign-in/sign-out sheet (may be submitted after course completion)

Due Date (1 month before Board Meeting):

- | | |
|--|--|
| <input type="checkbox"/> 1/24/26 (2/24/26 meeting) | <input type="checkbox"/> 4/26/26 (5/26/26 meeting) |
| <input type="checkbox"/> 7/25/26 (8/25/26 meeting) | <input type="checkbox"/> 10/24/26 (11/24/26 meeting) |

Submit:

- by Mail to: Department of Health/Safe Drinking Water Branch
Uluakupu Building 4
2385 Waimano Home Road, Suite 110
Pearl City, HI 96782-1400
- by Email to: doh.dwopcert@doh.hawaii.gov