

State of Hawaii Department of Health  
Board of Certification of Operating Personnel in Wastewater Treatment Plants (BOC)

**CONTINUING EDUCATION UNIT(S) REQUEST CHECKLIST FORM**

Name: \_\_\_\_\_ Grade/License#: \_\_\_\_\_

Organization: \_\_\_\_\_

**Type of Training Completed**

**Check One:**  Classroom Training Session(s)  Conference/Seminar  Online Training  
(provide a separate form for each type of training submitted)

<b>Requirements</b>	<b>Classroom Training</b>	<b>Conference/ Seminar</b>	<b>Online Training</b>	<b>CHECK HERE IF PROVIDED HEREIN</b>
Date of Training	X	X	X	
Training Syllabus	X	X	X	
Training Materials (slides, handouts, etc.)	X	X	X	
Copy of Exam	X	X	X	
Copy of Example Certificate	X	X	X	
Example Sign-in Sheet	X	X	X	
Applicable to Wastewater Operators	X	X	X	
Website for Review			X	

**Formal Education Request**

Copy of Transcript

Please attach any and all supporting documents.