

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)

Requirements	Classroom Training	Conference/Seminar	Online Training	CHECK HERE IF PROVIDED HEREIN
Date of Training	X	X	X	
Training Syllabus with Contact Hours	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.