

**INDIANA ONSITE WASTEWATER PROFESSIONAL ASSOCIATION
CEU FULFILLMENT TRACKING FORM AND ADDRESS UPDATE**

Name: _____

Sponsoring Company: _____

Address: _____ Check One: Home ___ Work ___

City: _____ State _____ Zipcode _____

Phone: _____ Fax: _____

E-mail: _____

Certification No: _____ Certification Expiration Date: _____

Recertification Guidelines:

Certified individuals must submit (via CEU forms) 25 hours of Continuing Education Units per three year certification period OR must re-test.

Non-IOWPA endorsed CEU programs must be pre-approved by the certification committee. The organization must provide the individual with a 'certificate' of completion, signed by an approved representative. Please note that CEU program costs will vary.

YOU MUST SUBMIT PAYMENT WITH RECERTIFICATION:

Recertification Fees: _____ IOWPA Members \$25 each _____ Non-Members \$45 each

Check or money order must be enclosed. (Credit cards are NOT accepted at this time.)

Reinstatement: Following one plus years of inactive status, you must retest. Retesting is an additional fee.

Continuing Education Units: May be earned by attending approved *education only sessions* of the following:

IOWPA Annual Conference – January of each year – 5 ceus per day

Pumper & Hauler Training Day – February of each year – 5 ceus

Pumper & Hauler Show Days – February of each year – 2.5 ceus

Local Health Department Training Days -

Indiana Environmental Health Association Fall Conference – 2.5 ceus

Community Awareness Speaking Opportunities – 5 ceus

Non-profit onsite installations – 2.5 ceus

IOWPA will log your attendance for all IOWPA attended events. If your status is ACTIVE, you can access your C EU record at www.iowpa.org and click on 'certification' and then 'Active'.

NOTE: If you are requesting credit for programs other than those listed above, you must request pre-approval, provide proof of attendance, receipt for payment and a copy of the program.

1) Name of Program: _____

Number of Hours: _____

2) Name of Program: _____

Number of Hours: _____

3) Name of Program _____

Number of Hours _____

For additional program hours, please copy this form.