



**Continuing Education Unit (CEU) Course  
Evaluation Approval Form**  
As per the *Water Act*, Water Supply System and Wastewater  
Treatment System Regulations

Personal information on this form is collected under subsection 31(c) of the *Freedom of Information and Protection of Privacy Act*, R.S.P.E.I. 1988, c. F-15.01, as it relates directly to and is necessary for the valuation of continuing education credits as required by the *Water Act*, Water Supply System and Wastewater Treatment System Regulations. If you have any questions about this collection of personal information, you may contact the Approvals and Regulatory Compliance Engineer, 11 Kent St., PO Box 2000, Charlottetown, PE C1A 7N8 (902 368-5036).

<b>Applicant Information</b>	
Training Provider:	Contact Person:
Address:	Telephone:
Email:	Fax:
<b>Course Information</b>	
Course Title:	Course Instructor:
Course Description: (please attach)	Contact Hours:
	Method of Instruction: Online <input type="checkbox"/> Classroom <input type="checkbox"/> Hands-on <input type="checkbox"/>
Student Evaluation Method: <input type="checkbox"/> Examination <input type="checkbox"/> Written Report <input type="checkbox"/> Demonstration <input type="checkbox"/> Other _____	
Relevance to Water/Wastewater Operations:	
Course Timeline: (please attach)	
Instructor Qualifications: (please attach)	

Training provider must provide a signed certificate with the approved CEU value and the date of the course.

### Declaration of Applicant

In signing this application, I certify that all information presented is correct and accurate. I understand that if information is found to be incorrect or inaccurate, this may result in the removal of the course from the approved list or a change in previously appointed CEU values. I also indicate that I will inform the Department of any changes to the course that may affect previously appointed CEU approval, such as reduction in contact hours or alteration of course description.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Department Use Only

Assigned CEU value:		Course ID Number:	
<input type="checkbox"/> WWC	<input type="checkbox"/> WWT	<input type="checkbox"/> WD	<input type="checkbox"/> WT
Approved By:	Date:		

**Completed approval forms may be returned to:**

Drinking Water and Wastewater Supervisor  
Department of Environment, Energy and Climate  
Action  
Environment Division  
PO Box 2000  
Charlottetown, PE C1A 7N8  
or faxed to (902) 368-5830.

Please direct inquiries to (902) 368-5043.

**Courses with a duration of less than three (3) contact hours will not be assessed for pre-approval.**