

Request for Certified Iowa Incinerator Operator Continuing Education Units

Chapter 104.25(9)"f" of the Iowa Administrative Code states: "All activities for which continuing education credit will be granted must be related to the subject matter of the particular certificate to which the credit is being applied."

If course topics meet one or more of the subject areas below, Iowa DNR will award .1 CEU for every hour in class.

Conference/Seminar/Training Course Title: _____

Date of Request: _____ Date & Place Held: _____

Signature: _____ Printed Name: _____

Phone #: _____ Fax #: _____ Email: _____

Please check the subject matter below for which the CEU(s) is being requested. Please include in the "comments/rationale" portion on the back side of this form a brief description of how the coursework relates to the subject area(s). Attach any supporting documentation, such as course description, conference/workshop agenda, etc. that would assist the Department in making a determination of coursework applicability.

For online training please include a statement to show how you will keep participants active and know they are present for the course. (exam at the end, periodic check-ins, etc.)

Time spent touring facilities or listening to guest speakers at luncheons may be eligible for CEU credits but only for the portion of the event that pertains to the subject area(s) below.

- | | | |
|---|--|---|
| <input type="checkbox"/> Description of Types of Waste | <input type="checkbox"/> Incinerator Operations | <input type="checkbox"/> Permitting Processes |
| <input type="checkbox"/> Incinerator Design | <input type="checkbox"/> Environmental Monitoring | <input type="checkbox"/> Incinerator Maintenance |
| <input type="checkbox"/> Interpreting and Using Engineering Plans | <input type="checkbox"/> Applicable Laws and Regulations | <input type="checkbox"/> Ash and Residue Disposal |
| <input type="checkbox"/> Operator Health and Safety | <input type="checkbox"/> Other (Please Specify) | |

FOR DNR USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	CEUs Proposed: _____ CEUs Awarded: _____	_____ Signature	_____ Date
--	---	---------------------------	----------------------

COMMENTS / RATIONALE:

Send completed form by local mail, email or fax to Becky Jolly, Iowa DNR, 502 E. 9th Street, Des Moines, IA 50319
ph: (515) 249-1482 fax: (515) 725-8202 becky.jolly@dnr.iowa.gov