



STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES
 ONSITE WASTEWATER TREATMENT PROGRAM
OWTS Professional Continuing Education Units (CEUs) Application

Instructions: Use this application ONLY for training that has **not** been pre-approved by the Onsite Wastewater Treatment Program. Mail this form along with all required documentation to **Missouri Department of Health and Senior Services, Onsite Wastewater Treatment Program, PO Box 570, Jefferson City, MO, 65102-0570.**

PLEASE PRINT CLEARLY:
 PROFESSIONAL'S NAME

MAILING ADDRESS STATE ZIP

EMAIL TELEPHONE FAX

COURSE / SEMINAR / CONFERENCE (AGENDA FOR EACH COURSE/SEMINAR/CONFERENCE LISTED BELOW MUST BE ATTACHED)

ITEM	DATE(S)	COURSE(S) / SEMINAR(S) / CONFERENCE(S)
1		
2		
3		
4		
5		

OWTS PROFESSIONAL'S SIGNATURE OWTS ID# DATE

The following documentation(s) must be attached. Keep a copy for your records

- Timed Agenda(s) of the training course(s)/seminar(s) attended.
- Attach certificate or documentation of attendance.
- If a certificate not issued, each instructor(s) will need to initial by each session attended.
- Enclose name and contact information for each instructor.

DHSS OFFICE USE – ASSIGNED CEUS PER ITEM SUBMITTED

ITEM (S)	GENERAL CEUS	INSTALLER		INSP	PT	OSE	APPROVED / NOT APPROVED	DATE	REVIEWED BY:
		BASIC	ADV						
1							APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/>		
2							APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/>		
3							APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/>		
4							APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/>		
5							APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/>		