

# APPLICATION FOR CONTINUING EDUCATION/PROFESSIONAL GROWTH EXPENSE REIMBURSEMENT

**\*\* Receipts are Required for Reimbursement \*\***

**Instructions:**

- 1) Carefully and completely fill out the entire application. Incomplete applications and applications without expense(s) receipts will be denied.
- 2) Application must be typed or printed in black or blue ink and mailed to: **NC Water Treatment Facility Operators Certification Board, 1635 Mail Service Center, Raleigh, NC 27699-1635 ATTN: Debbie Soles.** Electronic Applications are available on our website at: <http://www.deh.enr.state.nc.us/oet>
- 3) Detailed instructions are on the back of the Application for Continuing Education/Professional GrowthExpense Reimbursement form.
- 4) **Receipts must be submitted for reimbursement consideration.**
- 5) **ALL REIMBURSEMENTS will be sent directly to the Employer of Record.**

|                                      |                              |   |                           |
|--------------------------------------|------------------------------|---|---------------------------|
| <b>Step 1 Personal Information:</b>  |                              | Social Security #: _____ - _____ - _____  | Date of Birth: _____      |
| <input type="checkbox"/> Mr.         | <input type="checkbox"/> Ms. | <input type="checkbox"/> Other _____  | Telephone: (____) _____   |
|                                      |                              | Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |
| Name: _____                          |                              |   |                           |
| 6 Digit Certified Operator ID# _____ |                              | Certification Type: _____   | Other (Jr. II etc.) _____ |

|   |   |
|---|---|
| <b>Step 2 Employer Information: ** Employer information MUST be completed for reimbursement. **</b> |   |
| <i>Self-employed individuals MUST supply the following information!</i>                             |   |
| <b>ALL REIMBURSEMENTS will be sent directly to the Employer of Record.</b>                          |   |
| PWS 7 Digit ID# _____   | (The PWS System ID# <u>MUST</u> be supplied ) |
| Employer Name: _____  | Employer Phone: (____) _____                  |
| Contact Person: _____   | Employer FAX # (____) _____                   |
| Employer Mailing Address: _____   | Contact Phone: (____) _____                   |
| City: _____   | Number of people served by this system? _____ |
|   | State: _____ Zip: _____ - _____               |

|   |   |
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| <b>Step 3 Continuing Education/Professional Growth Training (MUST be completed for reimbursement) Courses should apply to the certification(s) currently held by the operator applying for reimbursement.</b> |   |
| Name of Course/Training: _____  |   |
| Course Provider: _____  | Date of Course: _____                           |
| Enter amount (not to exceed \$250) _____  | Course Provider Id# or Tax ID# (Optional) _____ |
| How did you learn about this course? <input type="checkbox"/> Certification Board Website <input type="checkbox"/> Course Provider <input type="checkbox"/> Other _____                                       |   |
| Does this course apply to your current certification(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| <b>ATTACH RECEIPT(S) Application(s) received <u>without</u> appropriate documentation and/or receipts will NOT be considered for reimbursement.</b>   |   |
| <b>ATTACH ALL RECEIPT(S) in upper left-hand corner as indicated.</b>  |   |
| <b>Application(s) received without appropriate documentation and/or receipts will NOT be considered for reimbursement.</b>  |   |

**Step 4**  
**APPLICANT'S STATEMENT OF CERTIFICATION:** I have reviewed this application and hereby certify that all statements are true and correct to the best of my knowledge. I understand that reimbursement will be through my employer as listed above. I also understand that recording false information will result in my application for reimbursement being denied.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Operator ID#: \_\_\_\_\_

Employer/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|  |  |  |
|--|--|--|
| <b>Board Use only:</b><br><input type="checkbox"/> <i>Approved</i><br><input type="checkbox"/> <i>Denied</i><br>Approved by: _____ | <b>Approval Invoice Numbers:</b><br><br>CEU-PG _____ | <b>Reason for Denial:</b> _____<br>Denied By: _____<br><input type="checkbox"/> Not an approved course<br><input type="checkbox"/> Application Incomplete<br><input type="checkbox"/> Proper receipts not attached<br><input type="checkbox"/> Needs Additional documentation<br><input type="checkbox"/> Needs Appropriate Signatures |
|--|--|--|

## GENERAL INSTRUCTIONS FOR COMPLETING THE APPLICATION

**Applicants must be a certified operator in good standing to apply for continuing education or professional growth hours. Good standing means with NO outstanding fees, revocations, expirations etc.**

### Personal Information:

**Step 1.** Valid social security number **must** be provided for approval, birthday and a telephone number where you can be reached.

The applicant's full name (as listed on the Social Security Card) **must** be supplied for processing along with the applicant's mailing address.

\* If you are a Jr., I, II etc. please write this on the name line where indicated. \*

Please provide your Operator Identification Number and what type of certification(s) you currently hold.

### Employer Information:

**All reimbursements will be made through the operator's employer of record.**

**Step 2.** Please supply the following information for reimbursement:

\* Please provide the Systems identification number issued by the Public Water Supply Section.

\* Please fill in the complete name of your current employer.

\* Provide a contact name and contact telephone number in case there are any questions.

\* Please provide the mailing address for your employer and the telephone number.

\* Please indicate the number of person(s) served by the water system you operate?

### Certification Information:

**Step 3. Training Reimbursement**

\* Provide the correct name of the course, the name of the course provider, and the date you attended the course.

\* Enter the amount you are requesting for reimbursement. Reimbursement is limited to **ONE class per year**, **NOT** to exceed \$250.

**Please attach ALL receipt(s) relevant to the course in the top left hand corner of the application for processing. Reimbursement is based on receipts.**

### Step 4

**\*\* SIGN the "Applicant's Statement of Certification," date the application and enter your Operator ID number. Have the supervisor or your employer sign below your signature as indicated. \*\***

**ALL APPLICATIONS MUST BE SIGNED APPLICANT AND EMPLOYER FOR PROCESSING!**

Additional information is available by calling:  
(919) 715-2062