

Equivalent Training

"Hands-on" or necessary skills, knowledge, ability, and judgment mean the knowledge acquired from daily operating experience rather than from text book study or supervisory observation, or in other words, the applicant must have actually operated a water plant/treatment technology and/or has experience with all aspects of the distribution system. However, there are certain types of school courses or training workshops (drinking water related) that can be used to help an operator meet minimum "hands-on" experience credit. This specific training is called equivalent training.

The certification program allows up to one year credit for non-college course work and up to 1.5 years for work leading up to a college degree (for a Baccalaureate Degree in a curriculum associated with a phase of water supply operation). However, credit for equivalent training can never exceed one-half of actual "hands-on" requirements. If you would like for us to review past college courses you have completed and passed for possible credit, please include a copy of your college transcript.

If you feel you may have earned equivalent training by attending an Illinois approved course as described above, please complete the last page of this application.

Current Public Water Supply Operator Experience

Leave this section blank if not currently employed as a PWS operator

Current Employment – Complete the following section as related to your current water supply employment. If you had more than one position with the same employer, complete this section to reflect your present position only. Other positions must be considered as 'Past Employment' (see next page) and appropriately listed in the section for Previous Public Water Supply Operator Experience. **YOU MUST DESCRIBE IN DETAIL YOUR JOB DUTIES AND RESPONSIBILITIES AS A WATER PLANT OR DISTRIBUTION SYSTEM OPERATOR. Without a description of hands-on water treatment experience, your application cannot be accepted.**

Name of Public Water Supply (PWS) Where Currently Employed: _____

PWS Facility Number: _____

PWS Mailing Address: _____

PWS Phone Number: (include area code) _____

Name of Person You Report To: _____

Start Date of Employment: _____

Employment: Full Time (>20 hours/week) Part Time Contractual

Hours Worked Per Week at PWS: _____

To help us determine your level of hands-on experience, please complete the table below by checking the column that best describes your level of experience with the activity listed

Activity	Level of Experience	
	None	It is an activity I routinely perform or assist others with
Coagulation (A operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Lime Softening (A operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Sedimentation (A operator activity)	<input type="checkbox"/>	<input type="checkbox"/>

Activity	Level of Experience	
	None	It is an activity I routinely perform or assist others with
Pathogen Removal/Inactivation (A operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Reverse Osmosis (B operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Aeration (B operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Filtration (B operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Ion Exchange (B operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Feeding (C operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection (C operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Pump Operation (D operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Storage (D operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Distribution (sampling, pipes, main repairs, etc.) (D operator activity)	<input type="checkbox"/>	<input type="checkbox"/>

Other Job Duties not Listed Above (BE SPECIFIC)

Previous Public Water Supply Operator Experience

Complete this section only if past employment was as a PWS operator

PREVIOUS Employment – Complete the following section as related to past water supply employment. YOU MUST DESCRIBE IN DETAIL YOUR JOB DUTIES AND RESPONSIBILITIES AS A WATER PLANT OR DISTRIBUTION SYSTEM OPERATOR. **Without a description of hands-on water treatment experience, your application cannot be accepted.**

Name of Public Water Supply (PWS) Where Previously Employed: _____

PWS Facility Number: _____

PWS Mailing Address: _____

PWS Phone Number: (include area code) _____

Name of Person You Reported To: _____

Start Date and End Date of Employment at PWS: _____ To _____

Employment: Full Time (>20 hours/week) Part Time Contractual

Hours Worked Per Week at PWS: _____

To help us determine your level of hands-on experience, please complete the table below by checking the column that best describes your level of experience with the activity listed

Activity	Level of Experience	
	None	It is an activity I routinely perform or assist others with
Coagulation (A operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Lime Softening (A operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Sedimentation (A operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Pathogen Removal/Inactivation (A operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Reverse Osmosis (B operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Aeration (B operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Filtration (B operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Ion Exchange (B operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Feeding (C operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection (C operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Pump Operation (D operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Storage (D operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Distribution (sampling, pipes, main repairs, etc.) (D operator activity)	<input type="checkbox"/>	<input type="checkbox"/>

Other Job Duties not Listed Above (BE SPECIFIC)

Experience Verification References

List the name, address, and telephone number of three (3) individuals who can verify your experience. If you do not list three (3) individuals, your application will be returned to you.

	Name	Address	Telephone
1.			
2.			
3.			

Letter of Verification

A letter of verification **MUST** accompany your application. **The last page of this application is a Letter of Verification template.** This template must be prepared by a water supply official, and must contain that official's original signature. (Fax and photo copies of signatures are not acceptable.) The letter of verification **must completely describe your duties** as a water supply operator and/or as a distribution system operator. This letter must include the **date you began your employment in water treatment and/or distribution.**

To receive credit for previous water treatment employment, you must have a similar letter of verification **from each** of your previous employers which includes your employment dates, a description of your job duties, and an original signature.

NOTE: If the proper Letter of Verification is not submitted, or if required information is not included in the Letter of Verification, your application will be denied.

Applicant Signature

****Read Carefully Before Signing****

I hereby certify that the statements made in this application are true and accurate to the best of my ability. I understand that any statement made by me that is not accurate may be grounds for ineligibility for this certificate or loss of this certificate. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

Signature: _____

Date: _____

Operator Certification Equivalent Training Form

Include this form with your Application for Certification as a PWS Operator; use a separate form for each course. College courses may be eligible for equivalent training credit. If applicable, submit copy of transcripts with Application.

Name of Training: _____

Name of Training Provider: _____

If training was pre-approved by the Illinois EPA, there would be an Illinois EPA course number assigned. If you have this course number, enter the number here: _____

Beginning Date of Training: _____ Ending Date of Training: _____

Location: _____

If applicable, approximately how many times did you meet during a _____

During each session, approximately how much time was spent? _____ Hours _____ Minutes

If this was an Internet, DVD, or PC course, approximately how much time was spent per week on the course?

_____ Hours _____ Minutes

Any optional comments on training frequency:

What best describes the format/type of training completed?

- Conference/Seminar Classroom/College On-line Class Other (please describe)

It is important for us to know the general topics covered in this training. Please complete the table below by checking the appropriate column.

Activity	Not Covered	Covered
Coagulation (A operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Lime Softening (A operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Sedimentation (A operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Pathogen Removal/Inactivation (A operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Reverse Osmosis (B operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Aeration (B operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Filtration (B operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Ion Exchange (B operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Feeding (C operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection (C operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Pump Operation (D operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Storage (D operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Distribution (sampling, pipes, main repairs, etc.) (D operator activity)	<input type="checkbox"/>	<input type="checkbox"/>

Did this course include any hands-on experience with actual drinking water related equipment? Yes No

If yes, please describe in detail what was taught (use additional pages if needed):

Approximately, what percentage of this course was hands-on with drinking water related equipment? _____ %

Please attach any relevant documentation such as an Agenda that will help describe training and attach any certificates of completion.

Letter of Verification

This template must be completed by a water supply official, and must contain that official's original signature. (Fax and photo copies of signatures are not acceptable.) The letter of verification must completely describe the duties of the applicant.

Information about official completing this form:

Water Supply Official's Name: _____

Position or Title: _____

Water Supply Name: _____

Water Supply Number: _____

Phone Number: _____

Email Address: _____

Information about applicant:

This letter of verification is for: _____

Start Date of Employment: _____

End Date of Employment: _____ (leave blank if still employed)

Check the one that best describes his/her employment status:

Full Time (=>20 hours per week) Part Time (include approximate hours per week) _____

To help us determine level of hands-on experience, please complete the table below by checking the column that best describes the activities the applicant is/was routinely involved in:

Activity	Applicant's Level of Experience	
	None	It is an activity he/she routinely performs or assist others with
Coagulation (A operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Lime Softening (A operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Sedimentation (A operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Pathogen Removal/Inactivation (A operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Reverse Osmosis (B operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Aeration (B operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Filtration (B operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Ion Exchange (B operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Feeding/Dosage (C operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection (C operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Pump Operation (D operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Storage (D operator activity)	<input type="checkbox"/>	<input type="checkbox"/>
Distribution (sampling, pipes, main repairs, etc.) (D operator activity)	<input type="checkbox"/>	<input type="checkbox"/>

Other Job Duties not Listed Above (BE SPECIFIC) Please add attachment if additional space is needed.

Signature of PWS Official

I hereby certify that the statements made on this form are true and accurate to the best of my ability.

Signature: _____ Date: _____