



Spring 2020 Training Courses

CONNECTICUT
MAINE
MASSACHUSETTS
NEW HAMPSHIRE
NEW YORK
RHODE ISLAND
VERMONT

Operation & Maintenance of Collection Systems

(FOLLOWED BY OPTIONAL NYWEA EXAM)

Monday-Wednesday, June 23-25, 2020
Hazen & Sawyer, White Plains, NY
8:30 a.m. – 3:30 p.m. Sign-in begins at 8:00 a.m.

Communities must properly manage, operate, and maintain wastewater collection systems to prevent sanitary sewer overflows, contamination of groundwater, and the spread of waterborne diseases. In this two-and-a-half day course, participants will receive basic to intermediate instruction in all aspects of collection system O&M.

Students must bring a basic calculator.



*** NYWEA's Voluntary Collection Systems Certification exam will be held the afternoon of June 25. If you want to take the exam, you must complete the attached exam application & submit to NEIWPCC with your course registration. NYWEA will invoice you for cost of exam.**

****If you are taking the exam ONLY, you must apply to NYWEA directly. NYWEA will invoice you for cost of exam.**

Instructor: Don Kennedy, NEIWPCC
Cost: \$245*
Credits: 15 TCH
Course #: etc1832



CLICK HERE TO REGISTER ONLINE

Course Title _____ Course # _____

Your Name _____

Wastewater License # _____ State _____

Company/Facility _____

Street _____

City/Town _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Emergency Contact Phone Number (cell or home)
(in case of class cancellation/instructor illness, etc.) _____

Indicate method of payment _____ Amount Enclosed \$ _____

☐ Check No. _____ ☐ or PO No. _____ ☐ or Credit Card _____
indicate Visa, MC or Discover

Credit Card # _____

CVV or SEC code _____ Expiration _____ / _____
located on back of card month year

Name on Card _____

Signature Required _____ Date _____

Mail form and payment to:

NEIWPCC - Training; 650 Suffolk St., Ste. 410, Lowell, MA 01854

Or fax with a purchase order to: (978) 323-7919.

Registrations CANNOT be completed over the phone. Hard copies MUST be mailed, emailed or faxed.

PLEASE NOTE: Enrollment is on a first-come, first-served basis, so please return your application as soon as possible. We appreciate you taking time to notify us if you cannot attend a course for which you have registered.

• **Checks/Money Orders:** Should be made payable to "NEIWPCC Training". Note New Policy: There is a \$15.00 fee for checks returned due to insufficient funds.

• **Registration Deadline:** You must register at least seven days in advance of the first day of the course. Registrations after this time will incur a \$15 late fee.

• **Cancellations/No-Shows:** Seven days notice is required for you to cancel at no cost. Cancellations received after this time will be charged \$25 for programs under \$125 and \$50 for programs over \$125. Registrants who do not cancel and who fail to show are responsible for full payment.

• **Credits:** Students are responsible for signing in at the beginning of every class, and signing out at the end of every class, in order to receive their certificate/TCHs. Students who do not sign in or out will not receive any TCHs. Multi-day classes require sign-in and sign-out each day of class. Students must attend 50% of the class in order to receive TCHs for the time they were present. Certificates of attendance, documenting TCHs awarded, will be emailed within 10 business days of the completion of the class.

• **Use one form per course.** Photocopy this page to apply for multiple courses.

• NEIWPCC reserves the right to postpone, reschedule or cancel any course as attendance dictates.



Voluntary Collection System Certification Application

New York Water Environment Association

525 Plum Street, Suite 102 • Syracuse, NY 13204
(315) 422-7811 • (315) 422-3851 • www.nywea.org

General Instructions:

Make sure you meet all the requirements needed for certification (see Certification Fact Sheet).

The certification examination will be given on the last Wednesday in April and October.

The application must be postmarked at least 90 days before the exam date.

Complete this application (must be typed or printed neatly in ink)

Attach copies of all supporting documentation:

High School or GED or College Diploma.

Training Completion Notice for each training course required (see Certification Fact Sheet)

Include Payment (check or money order made out to NYWEA):

The fee is \$45.00 for NYWEA members and \$90.00 for non-members.

____ Check here if you would like to apply your non-membership fee to a one year NYWEA membership.

Mail the completed form, supporting documents and payment to NYWEA, 525 Plum Street, Suite 102, Syracuse, NY 13204. Incomplete packets will be returned and faxed application packets will not be accepted.

A letter will be mailed confirming your application has been received about 60 days before the exam date.

The exam notification letter (with time, location and directions) will be mailed to you about 30 days before the exam date.

Exam Preference:

Date (circle choice): Last Wednesday in April Last Wednesday in October

Note: Application must be postmarked at least 90 days before exam date.

Location – The exam will be given in each NYWEA Chapter. You will be assigned a site based on your mailing address. If you have a preference in where you want to take the exam please circle the appropriate area:

Long Island New York City Lower Hudson Albany Syracuse Rochester Buffalo

General Information

| | | | |
|-------------------------------------|---|----------------------------------|----------------------------------|
| Name | | Work Telephone Number () | Home Telephone Number () |
| Address (Include Street and Number) | | | |
| City/Town | State | Zip Code | NYWEA Membership Number |
| Grade Being Sought | Are You Currently Certified as a Collections Systems Operator? | | |
| | ~ No ~ Yes If "Yes" Grade State Certification Number | | |

Education and Training

| (* Attach Copy of Diploma) Name of School | Location | Graduated ? Yes No | | Dates Attended | Type of Degree | Major Subject |
|--|----------|--------------------------|--|----------------|----------------|---------------|
| *High School | | | | | | |
| *College | | | | | | |
| Collection Wastewater Training | | | | | | |
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Experience

| | | | | |
|---|-----------|---------------------------|--------------|------|
| Start Date | Date Left | Job Title | Employer | |
| Employer's Address | | | | |
| Job Duties | | | | |
| | | | | |
| | | | | |
| Percentage of time performing these duties: % | | Total Years of experience | | |
| Employer Verification: I certify that the information contained in this section is true to the best of my knowledge and belief. | | | | |
| Supervisor's Name (please print) | | Title | Phone Number | Date |
| Supervisor's Signature | | | | |

| | | | | |
|---|-----------|---------------------------|--------------|------|
| Start Date | Date Left | Job Title | Employer | |
| Employer's Address | | | | |
| Job Duties | | | | |
| | | | | |
| | | | | |
| Percentage of time performing these duties: % | | Total Years of experience | | |
| Employer Verification: I certify that the information contained in this section is true to the best of my knowledge and belief. | | | | |
| Supervisor's Name (please print) | | Title | Phone Number | Date |
| Supervisor's Signature | | | | |

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|---|-----------|---------------------------|--------------|------|
| Start Date | Date Left | Job Title | Employer | |
| Employer's Address | | | | |
| Job Duties | | | | |
| | | | | |
| | | | | |
| Percentage of time performing these duties: % | | Total Years of experience | | |
| Employer Verification: I certify that the information contained in this section is true to the best of my knowledge and belief. | | | | |
| Supervisor's Name (please print) | | Title | Phone Number | Date |
| Supervisor's Signature | | | | |

Attach additional sheets if needed

Applicant Signature

| | | | |
|---|---------------|------------------|------------------|
| I affirm, under penalty of perjury, that the information I have entered on this application is true to the best of my knowledge and belief. | | | |
| Signature _____ Date _____ | | | |
| NYWEA Office Use Only | | Chapter Reviewer | Board Review |
| Date Received: | Exam Score: | Reviewer: | Reviewer: |
| Check Amount: | Cert. Number: | Accepted: YES NO | Accepted: YES NO |
| Check Number: | | Date: | Date: |