



STATE OF FLORIDA

# DEPARTMENT OF HEALTH

## APPLICATION FOR SEPTIC TANK CONTRACTING COURSE APPROVAL

**COURSE APPLICATION FEE OF \$25.00 PER CLASSROOM HOUR NOT TO EXCEED \$150.00. FORWARD COMPLETED APPLICATION POSTMARKED NO LATER THAN 60 DAYS PRIOR TO THE EARLIEST DATE OF THE COURSE TO: DEPARTMENT OF HEALTH, BUREAU OF ENVIRONMENTAL HEALTH, BIN #A08 4052 BALD CYPRESS WAY, TALLAHASSEE, FL 32399-1710**

### SECTION I

PROVIDER NAME

PROVIDER NUMBER

COURSE TITLE

COURSE LEVEL  REGISTERED or  MASTER LEVEL

### SECTION II

COURSE LOCATION	COURSE DATE

LIST COURSE INSTRUCTORS AND ATTACH QUALIFICATIONS	COURSE SECTION TITLE

### PLEASE INDICATE THE COURSE HOURS YOU INTEND TO PROVIDE AND ATTACH THE COURSE SYLLABUS

OSTD SYSTEM INSTALLATIONS	OSTDS & PUBLIC HEALTH	HYDRIC SOIL INDICATORS
OSTD SYSTEM REPAIRS	ENVIRONMENTAL EFFECTS	MINERAL AGGREGATE COURSE
OSTD SYSTEM DESIGN/DOSING	AEROBIC TREATMENT UNITS	SAFETY
ALTERNATIVE OSTD SYSTEMS	PORTABLE RESTROOM CONTRACTING	* BUSINESS PRACTICE
INNOVATIVE OSTD SYSTEMS	SEPTAGE TREATMENT & DISPOSAL	* OFFICE MANAGEMENT
OSTD SYSTEM MAINTENANCE	BASIC SOILS COURSE	OTHER:

TOTAL COURSE HOURS \_\_\_\_\_ AT \$25.00 PER HOUR = \$ \_\_\_\_\_

\*May only constitute up to 1/3 of total course hours.

### SECTION III

I AFFIRM THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

\_\_\_\_\_ Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_  
 Print or Type Name of Authorized Representative

<b>FOR HSES OFFICE USE ONLY</b>	Postmark Date _____	Check Number _____	Approval Date _____
		Check Date _____	Expiration Date _____
		Check Amount _____	Reviewed by _____
		Denial Date _____	_____
			Course Number

## **INSTRUCTIONS:**

### **SECTION I**

- Provider name:** Name of the organization or sponsor approved to provide septic tank contracting continuing education courses.
- Provider number:** Approval number issued by the department to the course provider on DH Form 4116, 07/03.
- Course title:** Title of proposed course. Must be indicative of course content.
- Course level:** Select intended course level.

### **SECTION II**

- Course location:** Provide specific addresses and dates for the locations where the approved course will be provided.
- Course instructors Section title:** List the full name of all instructors and their corresponding course section titles. Instructors must meet one of the following qualifications: have a minimum of three years of work experience in the subject matter to be presented, or have a four year college degree or graduate degree and related work experience, or be a master septic tank contractor, or be a state certified plumber with at least three (3) years of experience in their technical area of licensure, or be a registered septic tank contractor with at least three (3) years of experience in their technical area of licensure, or be a state certified environmental health professional with at least three (3) years of work experience in their technical area of certification. Attach documentation of qualifications for each instructor.
- Course hours:** Indicate the type and amount of training to be given in the listed areas. Course approval application fee is \$25.00 per course hour, not to exceed \$150.00 per course approval.

### **SECTION III**

**The authorized representative of approved course provider acknowledges understanding of the affirmation statement by printing, signing and dating the application.**

**Mail completed application to:**

**DEPARTMENT OF HEALTH  
BUREAU OF ENVIRONMENTAL HEALTH, BIN #A08  
4052 BALD CYPRESS WAY, TALLAHASSEE, FL 32399-1710**