

**Florida Water & Pollution Control Operators Association
Region VII**



Broward County Short School

June 11 – 25, 2018

SCHOOL LOCATION:

Sheridan Technical College – West Campus
20251 Stirling Road
Pembroke Pines, FL 33332
[CLICK HERE FOR A MAP](#)

COURSES & TUITION FEES:

Stormwater Management A
FW&PCOA Members/Non-Members/Re-Exam Fees: \$225/\$255/\$80
Students responsible for course book – see application

Stormwater Management B
Re-Exam Fee: \$80

Stormwater Management C
FW&PCOA Members/Non-Members/Re-Exam Fees: \$260/\$290/\$80
Course fee includes course book!

Wastewater Collection System Operator A, B & C
FW&PCOA Members/Non-Members/Re-Exam Fees: \$225/\$255/\$80
Students responsible for course books – see application

Water Distribution System Operator Level 1, 2 & 3
FW&PCOA Members/Non-Members/Re-Exam Fees: \$225/\$255/\$80
Students responsible for course book – see application

FULL REFUND OF THE TUITION FEE GIVEN ONLY IF THE COURSE IS CANCELED!

COURSE SCHEDULE:

Monday – Thursday, June 11 – 14, and
Monday – Thursday, June 18 – 21, 2018
6:00 – 9:30 P.M. each night
EACH COURSE IS EIGHT NIGHTS LONG!

COURSE BOOKS:

All Stormwater Management A, Wastewater Collection, and Water Distribution students must obtain the course book(s) before the school!

Region VII will not have books for sale at the school. Please see the course application for ordering information.

COURSES:

Region VII provides qualified instructors to teach the course material. Unlike correspondence courses, the instructors are available in person to answer student questions and to help students understand the course material. Region VII's goal is to have each student pass the end-of-course exam, and in the case of Water Distribution students, pass the Florida Department of Environmental Protection's exam. We will not, however, "teach the exam."

Students must obtain the course book(s) before school and read the respective chapter(s) in the book before each class. Region VII will provide a course schedule for students to follow. Bring questions and topics to class for the instructor to discuss. Bring a calculator with you for the arithmetic class.

Please be respectful to the instructors, as they are giving their time for your benefit. Arrive on time to class, no loud talking or unruly behavior, and no cell phone calls in the classroom.

COURSE ATTENDANCE REQUIREMENT:

Region VII determines student attendance using a sign-in sheet. Each student must sign the attendance sheet each night. Instructors reserve the right to audibly call attendance at any time during the class, especially after a break. It is strongly recommended that students attend all classroom sessions!

Students who miss more than four (4) hours of classroom time will not receive an Attendance Certificate and will not be given the end-of-course exam – no exceptions!

END-OF-COURSE EXAM:

LOCATION: Sheridan Technical College – West Campus
20251 Stirling Road
Pembroke Pines, FL 33332
[CLICK HERE FOR A MAP](#)

SCHEDULE: Monday, June 25, 2018
6:00 P.M.

The end-of-course exam is a closed-book exam. Do not bring books or other materials into the exam area. You may bring a calculator for the math portion of the exam, but **YOU MAY NOT USE YOUR CELL PHONE AS A CALCULATOR!**

As a courtesy to all students taking the exam, please silence your cell phone before entering the exam room. Cell phones will not be allowed on the tabletop – they must be placed in your pocket, on your belt, in your purse or on the floor. **You may not make or receive phone calls during the exam – no exceptions!**

To receive an exam, you must present a photo ID to the exam proctor. This may be either a driver's license or employer-issued ID.

Each exam is comprised of 100 multiple-choice questions. There is only one best answer per question. Marking multiple answers for a question will result in the student getting the question wrong. A student must correctly answer 70% or more of the exam questions to pass the exam.

APPLICATIONS:

Please use the appropriate application included in this package. Neatly complete the application (print or type) following the instructions provided. You must attach copies of documents required by the application. Remember to sign the application, and have your supervisor sign the application when required.

Send the completed application, with attachments, by one of the following methods:

BY MAIL: FW&PCOA Region 7
PO Box 813520

Hollywood, FL 33081-3520

BY EMAIL: 07-treasurer@fwpcoa.org

BY FAX: (321) 383-9691

Registration for the courses and exams offered at this school may be done on-line at www.fwpcoa.org, but you must still complete and submit the application form.

**Applications must be received by the Region no later than
Friday, May 25, 2018**

Enrollment in the school is on a first-come, first-served basis and is limited to 25 students per course.

Course applications for the Stormwater C and the Wastewater Collection C courses or exams must have a copy of the applicant's valid high school diploma or GED attached. Applications without the document will be returned and the student will not be enrolled!

Region VII reserves the right to refuse incomplete or illegible applications and applications postmarked after the application deadline. Region VII may cancel courses with inadequate enrollment.

THANK YOU!

Thank you for your interest in attending Region VII's school. We look forward to seeing you at the school!



STORMWATER MANAGEMENT A, B & C

APPLICATION



Florida Water & Pollution Control Operators Association

A Non-Profit Association Serving Water & Wastewater Professionals in the State of Florida

VOLUNTARY CERTIFICATION APPLICATION FORM STORMWATER MANAGEMENT

Location of School: Region VII Broward County Short School Date/s of School: June 11 – 25, 2018

Address: Sheridan Technical College – West Campus 20251 Stirling Road Pembroke Pines, FL 33332

- * THIS ORIGINAL APPLICATION MUST BE COMPLETED AND RETURNED TO FW&PCOA REGION VII.
- * THIS APPLICATION WILL BE RETURNED IF THE ORIGINAL IS NOT PROVIDED AND ALL NECESSARY DOCUMENTATION IS NOT ATTACHED - SEE PAGE #2 FOR THE DOCUMENTS REQUIRED FOR EACH CERTIFICATION CLASS.
- * FORM MUST BE SIGNED BY YOU AND YOUR SUPERVISOR.

REGISTRATION MUST BE RECEIVED BY FW&PCOA REGION VII BY MAY 25, 2018.

NAME: _____ Last 4 digits of SS#: _____

MAILING ADDRESS: _____
(House Number) (Street/Ave) (Apt #)

(City) (County) (State) (Zip)

Work Phone: (____) _____ Fax: (____) _____

Employer: _____ Job Title: _____

Email Address: _____

PLACE AND "X" NEXT TO THE APPROPRIATE LEVEL OF TRAINING AND/OR EXAM:

Stormwater C:	_____ course & exam	_____ exam only*	* YOU MUST ATTACH A COPY OF YOUR COURSE ATTENDANCE CERTIFICATE FOR EXAM ONLY!
Stormwater B:	_____ exam only*		
Stormwater A:	_____ course & exam	_____ exam only*	

VOLUNTARY CERTIFICATION EXAMS REQUIRE "HANDS-ON" EXPERIENCE IN THE FIELD. THE DUTIES LISTED BELOW MUST BE SPECIFIC TO STORMWATER SYSTEM OPERATION OR THE APPLICATION WILL BE RETURNED.

List all employers where Stormwater experience is gained, starting with the most recent employer. The employer's phone number must be included. Use an additional sheet of paper if necessary.

Employer: _____ Phone: (____) _____

Dates of Employment: From _____ to _____

Specific Job Duties: _____

Employer: _____ Phone: (____) _____

Dates of Employment: From _____ to _____

Specific Job Duties: _____

LIST ALL FW&PCOA VOLUNTARY CERTIFICATIONS AND/OR FLORIDA LICENSES CURRENTLY HELD:

Certification/License Type: _____ Class: _____ Certificate #: _____ Date Issued: _____
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Certification/License Type: _____ Class: _____ Certificate #: _____ Date Issued: _____
Certification/License Type: _____ Class: _____ Certificate #: _____ Date Issued: _____

TEXTBOOKS: the FW&PCOA will provide the textbook for the Level C and B course only. **Students taking the Level A course must purchase the textbook, "Manage for Success: Effective Utility Leadership Practices," from the Office of Water Programs, CSU – Sacramento; 6000 J St., Sacramento, CA 95819; Phone (916) 278-6142; fax (916) 278-5959.**

CERTIFICATION EXAMS: The entry-level Class C, the intermediate level Class B, and the advanced level Class A exams will be given by the FW&PCOA Voluntary Certification Board on a specified examination date. The Board will issue a Voluntary Certification when the applicant satisfies all of the following qualifications for the class of certification being applied for. The FW&PCOA reserves the right to deny access to the certification exam by an unqualified applicant.

CLASS C: (A) Must be at least 18 years of age. (B) **Must attach a copy of a high school diploma or equivalent.** (C) Must have accumulated at least 1 year (2,080 hours) of documented "Hands-On" experience in the field. (D) Must successfully complete the FW&PCOA Class C Technology training course. (E) Must pass the Class C written exam.

CLASS B: (A) Must have an FW&PCOA Class C Certification. (B) Must have accumulated 3 years (6,240 hrs.) of documented "Hands-On" experience in the field. (C) Must successfully complete the FW&PCOA Class B Technology training course. (D) **Must attach a copy of an unexpired Standard First Aid or CPR card.** (E) Must pass the Class B written exam.

CLASS A: (A) Must have an FW&PCOA Class B Certification. (B) Must have accumulated 5 years (10,400 hrs.) of documented "Hands-On" experience in the field. (C) Must successfully complete the FW&PCOA Class A Technology training course. (D) **Must attach copies of unexpired Standard First Aid and CPR cards.** (E) Must pass the Class A exam.

REQUEST FOR AN ORAL EXAM: Applicants requesting an oral exam must attach documentation from a licensed medical practitioner that complies with the Americans with Disabilities Act (ADA). Yes, I request an oral exam.

NOTE: FALSE OR INCORRECT INFORMATION PROVIDED ON THIS APPLICATION FORM AND ACKNOWLEDGED AS BEING TRUE AND CORRECT BY THE SUPERVISOR AND APPLICANT SIGNATURES WILL RESULT IN AN ETHICS HEARING THAT COULD RESULT IN THE SUSPENSION OR REVOCATION OF ANY AND ALL EXISTING FW&PCOA CERTIFICATIONS HELD BY EITHER PARTY EXECUTING THIS DOCUMENT.

SUPERVISOR'S VERIFICATION: By signing this application form, I **AFFIRM** that I have reviewed this completed application and **CERTIFY** that, to the best of my knowledge, the information stated herein is true, complete, and accurate. I recommend that the applicant be considered for certification by the FW&PCOA Voluntary Certification Board.

Supervisor's Signature: _____ Title: _____

Printed Name: _____ Phone: _____

APPLICANT'S VERIFICATION: By signing this application form, I certify that the information contained in this application is true, complete, and accurate.

Applicant's Signature: _____ Date: _____

TUITION FEE (Payable to FW&PCOA Region 7):

Course & Exam (FW&PCOA Member/Non-Member):
Exam Only:

Stormwater C and B

\$260.00/\$290.00
\$80.00

Stormwater A

\$225.00/\$255.00
\$80.00

CHECK ONE: ☐ Payment made on-line at www.fwpcoa.org
☐ Payment enclosed or attached

SEND Pages 1 and 2 of the completed application, with attachments, by one of the following methods:

BY MAIL: FW&PCOA Region 7
PO Box 813520
Hollywood, FL 33081-3520

BY EMAIL: 07-treasurer@fwpcoa.org

BY FAX: (321) 383-9691



WASTEWATER COLLECTION A, B & C

APPLICATION



Florida Water & Pollution Control Operators Association
A Non-Profit Association Serving Water & Wastewater Professionals in the State of Florida

**VOLUNTARY CERTIFICATION APPLICATION FORM
WASTEWATER COLLECTION**

Location of School: Region VII Broward County Short School Date/s of School: June 11 – 25, 2018
Address: Sheridan Technical College – West Campus 20251 Stirling Road Pembroke Pines, FL 33332

- * THIS ORIGINAL APPLICATION MUST BE COMPLETED AND RETURNED TO FW&PCOA REGION VII.
- * THIS APPLICATION WILL BE RETURNED IF THE ORIGINAL IS NOT PROVIDED AND ALL NECESSARY DOCUMENTATION IS NOT ATTACHED - SEE PAGE #2 FOR THE DOCUMENTS REQUIRED FOR EACH CERTIFICATION CLASS.
- * FORM MUST BE SIGNED BY YOU AND YOUR SUPERVISOR.

REGISTRATION MUST BE RECEIVED BY FW&PCOA REGION VII BY MAY 25, 2018.

NAME: _____ Last 4 digits of SS#: _____

MAILING ADDRESS: _____
(House Number) (Street/Ave) (Apt #)

(City) (County) (State) (Zip)

Work Phone: (____) _____ Fax: (____) _____

Employer: _____ Job Title: _____

Email Address: _____

PLACE AND "X" NEXT TO THE APPROPRIATE LEVEL OF TRAINING AND/OR EXAM:

Wastewater Collection C:	_____ course & exam	_____ exam only*	* YOU MUST ATTACH A COPY OF YOUR COURSE ATTENDANCE CERTIFICATE FOR EXAM ONLY!
Wastewater Collection B:	_____ course & exam	_____ exam only*	
Wastewater Collection A:	_____ course & exam	_____ exam only*	

EXAMS REQUIRE "HANDS-ON" EXPERIENCE: MUST BE VERY SPECIFIC TO WASTEWATER COLLECTION SYSTEM OPERATIONS. IF SPECIFIC JOB DUTIES ARE NOT LISTED, APPLICATION WILL BE RETURNED. Examples of specific job duties: CCTV inspection, main line cleaning, lift station maintenance/repair, line stoppage clearing, installing/repairing laterals and cleanouts, etc.
Use an additional sheet of paper if necessary.

List all Employers where Wastewater Collection experience is gained. Phone number must be included

Employer: _____ Phone: (____) _____

Dates of Employment: _____

Specific Job Duties: _____

Employer: _____ Phone: (____) _____

Dates of Employment: _____

Specific Job Duties: _____

LIST CURRENT HIGHEST WATER/RECLAIMED WATER/WASTEWATER/STORMWATER CERTIFICATIONS HELD:

Certification Type: _____ Class: _____ Certificate #: _____ Date Issued: _____
Certification Type: _____ Class: _____ Certificate #: _____ Date Issued: _____

STUDENTS ARE RESPONSIBLE FOR PURCHASING THEIR OWN TEXTBOOKS (MOST RECENT EDITION REQUIRED). All levels require the textbooks "Operation and Maintenance of Wastewater Collection Systems, Volumes I and II" and the textbook "Manage for Success: Effective Utility Leadership Practices" is required for the A level course. Textbooks may be purchased from the Office of Water Programs, CSU – Sacramento; 6000 J St., Sacramento, CA 95819; Phone (916) 278-6142; fax (916) 278-5959.

CERTIFICATION EXAMS: The advanced A level, intermediate B level and basic C level exams will be given by the Voluntary Certification Board on a specified exam date. The board will issue an FW&PCOA Certification Certificate when all criteria have been satisfied. Applicants who meet the following qualifications may sit for an exam.

QUALIFICATIONS FOR CERTIFICATION EXAMS:

CLASS C: (A) Must be at least 18 years of age. (B) Must furnish evidence of having a high school diploma or equivalent. (C) Must have accumulated at least 1 year (2,080 hours) of actual "Hands-On" experience. (D) Must furnish evidence of having completed the FW&PCOA Class C Technology training course. (E) Must pass the C level written exam.

CLASS B: (A) Must have an FW&PCOA Class C Certification. (B) Must have accumulated 3 years (6,240 hrs.) of actual "Hands-On" experience. (C) Must furnish evidence of having completed the FW&PCOA Class B Technology training course. (D) Must furnish evidence of having an up-to-date Standard First Aid **or** CPR card. (E) Must pass the B level written exam.

CLASS A: (A) Must have an FW&PCOA Class B Certification. (B) Must have accumulated 5 years (10,400 hrs.) of actual "Hands-On" experience. (C) Must furnish evidence of having completed the FW&PCOA Class A Supervision training course. (D) Must furnish evidence of having an up-to-date Standard First Aid and CPR card. (E) Must pass the A level exam.

***Request for an Oral Exam:** Medical documentation that is in agreement with the Americans with Disabilities Act (ADA) must be provided. _____ **YES:** I request to take an oral exam, documentation is attached.

***NOTE: FALSE OR INCORRECT INFORMATION PROVIDED ON THIS APPLICATION FORM AND ACKNOWLEDGED AS BEING TRUE AND CORRECT BY THE SUPERVISOR AND APPLICANT SIGNATURES WILL RESULT IN AN ETHICS HEARING THAT COULD RESULT IN THE SUSPENSION OR REVOCATION OF ANY AND ALL EXISTING CERTIFICATION HELD BY EITHER PARTY EXECUTING THIS DOCUMENT.**

SUPERVISOR'S VERIFICATION: By signing this application form I **AFFIRM** that I have reviewed the completed form and **CERTIFY** that to the best of my knowledge it is true, complete and accurate. I recommend that the applicant be considered for certification by the FW&PCOA Voluntary Certification Board.

Supervisor's Signature: _____ Title: _____

Printed Name: _____ Phone: _____

APPLICANT'S VERIFICATION: By signing this application form, I certify that the information contained in this application is true, complete and accurate.

Applicant's Signature: _____ Date: _____

FEES (Payable to FW&PCOA Region 7):

FW&PCOA Member: \$225.00 Non-Member: \$255.00 Exam Only: \$80.00

CHECK ONE: _____ Payment made on-line at www.fwpcoa.org

_____ Payment enclosed or attached

SEND Pages 1 and 2 of the completed application, with attachments, by one of the following methods:

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Hollywood, FL 33081-3520

BY EMAIL: 07-treasurer@fwpcoa.org

BY FAX: (321) 383-9691



**WATER DISTRIBUTION
LEVEL 1, 2 & 3**

APPLICATION



Florida Water & Pollution Control Operators Association

A Non-Profit Association Serving Water & Wastewater Professionals in the State of Florida

SYSTEMS OPERATORS APPLICATION FORM WATER DISTRIBUTION

Location of School: Region VII Broward County Short School Date/s of School: June 11 – 25, 2018

Address: Sheridan Technical College – West Campus 20251 Stirling Road Pembroke Pines, FL 33332

REGISTRATION MUST BE RECEIVED BY FW&PCOA REGION VII BY MAY 25, 2018.

NAME: _____ Last 4 digits of SS#: _____

MAILING ADDRESS: _____

(House Number)

(Street/Ave)

(Apt.)

(City)

(County)

(State)

(Zip)

Email Address: _____

Work Phone: (_____) _____ Fax: (_____) _____

Employer: _____ Job Title: _____

PLACE AND “X” NEXT TO THE APPROPRIATE LEVEL OF TRAINING AND/OR EXAM:

Water Distribution Level 3:	_____ course & exam	_____ exam only*	* YOU MUST ATTACH A COPY OF YOUR COURSE ATTENDANCE CERTIFICATE FOR EXAM ONLY!
Water Distribution Level 2:	_____ course & exam	_____ exam only*	
Water Distribution Level 1:	_____ course & exam	_____ exam only*	

STUDENTS ARE RESPONSIBLE FOR PURCHASING THEIR OWN TEXTBOOK!

All students will use “Water Distribution System Operation and Maintenance.” Level 1 will also use “Manage for Success: Effective Utility Leadership Practices.” The textbooks may be purchased from the Office of Water Programs, CSU – Sacramento; 6000 J Street, Sacramento, CA 95819; Phone (916) 278-6142; Fax (916) 278-5959.

To receive a “Certificate-of-Completion”:

You must: 1) Be at least 18 years of age, 2) Furnish evidence of having completed the corresponding FW&PCOA training course, and, 3) Pass the end of course written exam with a score of 70% or higher.

Please note that while the FW&PCOA does not require evidence of a high school diploma or equivalent for its water distribution operator training programs, applicants for Florida Department of Environmental Protection (FDEP) licensure must provide proof that they hold a valid high school diploma or equivalent issued by an FDEP approved institution. Contact the FDEP Operator Certification Program office (850-245-7500) for details.

Request for an Oral Exam: Medical documentation that is in agreement with the Americans with Disabilities Act (ADA) must be attached. Please place an “X” below to indicate your request for an oral exam.

_____ **YES:** I request to take an oral exam, **documentation attached.**

Applicant’s Signature: _____ Date: _____

FEES (Payable to FW&PCOA Region 7):

FW&PCOA Member: \$225.00

Non-Member: \$255.00

Exam Only: \$80

CHECK ONE: _____ Payment made on-line at www.fwpcoa.org

_____ Payment enclosed or attached

SEND the completed application by one of the following methods:

BY MAIL: FW&PCOA Region 7
PO Box 813520
Hollywood, FL 33081-3520

BY EMAIL: 07-treasurer@fwpcoa.org

BY FAX: (321) 383-9691