



APPLICATION FOR APPROVAL OF CONTINUING EDUCATION TRAINING– WATER LOSS AUDIT VALIDATION

INDIANA FINANCE AUTHORITY
WATER RESOURCES & INFRASTRUCTURE PLANNING PROGRAM

Instructions:

This application must be completed for all water loss audit validation training courses for which continuing education credits will be given. The notice of application approval and the IFA approval number must be obtained before continuing education contact hours are given. Any change in instructor or course materials will require reevaluation.

FOR OFFICE USE ONLY

Water Loss Audit Validation CEU Approval Number

Maximum credit hours

Mail completed application to:
Indiana Finance Authority
Water Resources & Infrastructure Planning Program
100 N. Senate Avenue
Room 1275
Indianapolis, IN 46204

Name of training course	
Name of organization offering the course	
Organization Address (<i>number and street, city, state, and ZIP code</i>)	Organization email:
Course instructor(s) [<i>Indicate whether certified validator(s).</i>] <input type="checkbox"/> Yes <input type="checkbox"/> No	Instructor Name(s)
Instructor address (<i>number and street, city, state, and ZIP code</i>)	Instructor email:
Occupation (<i>Attach resume or biography.</i>)	
Name of standby instructor	Standby instructor email:
Standby instructor address (<i>number and street, city, state, and ZIP code</i>)	
Number of Contact Hours for this course (<i>A contact hour is defined as a sixty (60) minute participation in an approved classroom program or sixty (60) minutes of participation in an approved program not requiring classroom participation.</i>)	
Method of attendance monitoring and verification (<i>Be specific or attach samples.</i>)	
Cost of course	
Course Content: Attach an outline or narrative, brochure, agenda, workbook, etc. Include samples or description of any visual aids and handouts. Include amount of time spent on each topic. (<i>Application cannot be evaluated without this.</i>)	
Date(s) course will be presented (<i>month, day, year</i>)	
Location(s) course will be presented	
Name of Training Provider Contact Person	Telephone Number
Address (<i>number and street, city, state, and ZIP code</i>)	

Send a copy of the course approval notification letter to the following individual(s):

Name
Email address
Name
Email address