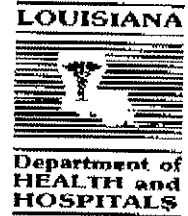




STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



Kathleen Babineaux Blanco
GOVERNOR

Frederick P. Cerise, M.D., M.P.H.
SECRETARY

Course Approval Form – Operator Certification Program

Complete and submit this form on each course you wish to offer for continuing education credit.

DATE September 12, 2008

Sponsor 360training.com, INC.

Contact Person Dini Nash

Address 13801 N. Mo-Pac, Suite #100 Austin, Texas 78717

Phone number(s) 888-360-8764 ext.2702 **FAX number** (512) 853-2657

Instructor(s) Greg Rogers

Scheduled Date(s) 24/7 – calendar year 2008 (Oct-Dec 2008)

Location Online

In order to be considered for continuing education credit, you must submit this completed form to the address below at least 30 days in advance.

Attach agenda of training session complete with:

1. Subject(s) to be covered Stormwater Mngmt
2. Time to be spent on each subject
3. Categories of certification to be covered
4. Instructor qualifications (Certifications held, education, experience, etc.)

If this course is approved by DHH/OPH, the instructor or designated sponsoring authority must return a copy of this form with completed sign-in sheet(s). Sign-in sheet(s) must be turned in no later than 30-days upon completion of the course.

Approved: yes / no Hours: 8 Date: 9/18/2008

Comments: Approved for water + wastewater
All categories + All Levels

Approval authority: Dinah Mullet