OTCO INSTRUCTOR APPLICATION

OPERATOR TRAINING COMMITTEE OF OHIO, INC.

3972 INDIANOLA AVE * COLUMBUS OH 43214 * (614) 268-6826 * (614) 268-3244 (fax)
www.ohiowater.org

I would like to be considered as an instructor should the opportunity be available in my area.

(please print or type the following information requested)

NAME:	DATE:
HOME ADDRESS:	OTCO STUDENT #:
CITY:	STATE: ZIP:
EMPLOYER:	TITLE:
BUSINESS ADDRESS:	SUITE:
CITY:	STATE: ZIP:
BUSINESS TELEPHONE:	FAX:
HOME TELEPHONE	EMAIL:

I would like to considered to instruct the following course(s) or short school(s):

☐ Water I	☐ Wastewater I	☐ Activated Sludge ☐ Other:(explain)
☐ Water II	☐ Wastewater II	☐ Basic Electrical
☐ Water Distribution	☐ Wastewater III	☐ Filter Inspection
☐ Water Basic Lab	☐ Wastewater Collection Systems	☐ Plant Optimization
☐ Water Micro Course	☐ Wastewater Basic Lab	☐ Pumps & Motors
☐ Other:(explain)	☐ Other:(explain)	☐ Safety

I Hold The Following Ohio EPA Operator Certificate (s)

Water Supply #:	Water Distribution #:
Wastewater Works #:	Wastewater Collection Systems #:

Other Certificates Held	Years In:
Backflow Prevention:	Water Supply:
OEPA Water Lab Bacteriological :	Water Distribution:
OEPA Water Lab Chemical Certification:	Wastewater:
Voluntary Wastewater Lab Certification:	Wastewater Collection:

I have ☐ taught or presented previously for OTCO. If yes, please state:

Year(s):	Location(s):
Subject(s):	

Education Background:
Completed High School: Year:
College Complete: Year:
Major:
Background and other Information (Please attach brief resume):
*We have ☐ classroom facilities (6-12 capacity) We have ☐ laboratory facilities (6-12 capacity)

The reason I would like to teach for OTCO is:

x_____
signed date

2/09