



**FOR DEPARTMENT USE ONLY**

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Approval Sent: \_\_\_\_\_ Sponsor Number: \_\_\_\_\_

## Annual Sponsor Application for Providing Continuing Education Credits Private Sewage Disposal Program

Name of Organization, Agency, Individual \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Address/City/State/ZIP code \_\_\_\_\_

E-mail address \_\_\_\_\_

**Obligations to be a sponsor:**

- Notify the Department in writing of each training session a minimum of 45 days prior to training. Notification should consist of the following:
  - Title of session(s)
  - Training for which license(s)/certification(s)
  - Location of session
  - Instructor(s) or presenter(s) name and brief work/experience description
  - Brief description of each topic and amount of time allocated for each topic/session
- Total training session contact hours, excluding breaks (a training session contact hour is 60 minutes).
- At each training session the attendees must sign in or a roll call must be taken.
- Attendees must receive a certificate of attendance and provide a draft for the Department to review that includes:
  - Name of attendee
  - Attendee's license or certification number
  - Name of sponsor
  - Type of training and session contact hours
  - Date of training
  - Location of training
  - Course approval number issued by the Department
- Submit to the Department a completed electronic roster of attendees for each session on the format provided by the Department. The document must be submitted no more than 14 days following the course.

*By signing the following you acknowledge the obligations of being a sponsor and will comply with the above requirements. Failure to comply with the above requirements will result in loss of sponsor's ability to provide training for continue education credit.*

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

<b>Proposed Training</b>		<b>Credits Type</b>
Location	Date/Time	Private Sewage Disposal Installation or Pumping Contractor license or Portable Sanitation Technician certification
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT NOTICE: The Illinois Department of Public Health is requesting disclosure of information necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.