

## Contact Information:

### Louisiana Committee of Certification for Water and Wastewater Operators Coll, Dist, WT, WWT - *Other Programs*: Water Production

Reyna Duffus, MBA  
Training Officer - Operator Certification  
LDH – OPH – Engineering Services  
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[Visit Their Website](#)

## Approval Details:

WEFTEC 2023® has been approved for operator hours in the State of Louisiana.

**Subject:** Water and Wastewater  
**Course ID:** 67401  
**Hours:** 40

Operators must submit the continuing education documentation issued by WEF detailing conference participation directly to the state.



# State of Louisiana

Louisiana Department of Health

## Course Approval Form - Operator Certification Program

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

DATE \_\_\_\_\_ Fee Yes No Open to public Yes No

Sponsor \_\_\_\_\_

Contact Person \_\_\_\_\_ E Mail \_\_\_\_\_

Address \_\_\_\_\_

Phone number(s) \_\_\_\_\_ FAX number \_\_\_\_\_

Instructor(s) \_\_\_\_\_

Scheduled Date(s) \_\_\_\_\_

Location \_\_\_\_\_

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 (see page 2)
2. Time to be spent on each subject (see page 2)
3. Categories of certification to be covered (check boxes)
4. Instructor
5. Instructor qualifications (Certifications held, education, experience, etc.) (see page 2)

Categories of Certification to be covered			
Check all that apply			
WD1	WD2	WD3	WD4
WP1	WP2	WP3	WP4
WT1	WT2	WT3	WT4
WWC1	WWC2	WWC3	WWC4
WWT1	WWT2	WWT3	WWT4
ALL WATER		ALL WASTEWATER	

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

Approved: yes / no          Hours: \_\_\_\_\_          Date Approved: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Date Input: \_\_\_\_\_

Approval authority: Reyna Duffus          Approval #: \_\_\_\_\_