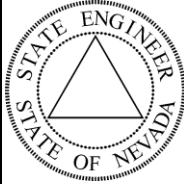


# FORM 4055



## Nevada Well Drilling Continuing Education Request for a Program or Course Accreditation

This Space for Office Use Only

**Nevada Division of Water Resources 901 S. Stewart Street, Suite 2002, Carson City, Nevada 89701**

E-mail, fax or send your request to:

E-mail: [jecheverria@water.nv.gov](mailto:jecheverria@water.nv.gov)  
 Fax: (775) 684-2811  
 Phone No.: (775) 684-2813

Nevada Division of Water Resources  
 Jake Echeverria  
 901 S. Stewart Street, Suite 2002  
 Carson City, Nevada 89701

1.	Name of Course: _____
2.	Location of Course: Address: _____ City: _____ State: _____ Zip Code: _____
3.	Date(s) of Course: _____
4.	Sponsored By: _____
5.	Contact Person: _____ Email Address: _____ Address: _____ City: _____ State/Zip: ____ Phone No.: _____ Fax No.: _____
6.	Hours of Course: _____ Requested number of CEU's: _____
7.	Estimated # of Participants: _____ <input type="checkbox"/> This will be a recurring course Note: For Courses that are recurring and follow the provided syllabus, this approval is valid for three (3) years
8.	<i>Attach a course syllabus or agenda. This must include details on the topic(s) covered and the time spent on each topic. Incomplete submissions will not be considered.</i>
9.	This request submitted by: Name: _____ Phone No: _____ Email Address: _____ Date Submitted: _____
10.	<b>This Space for Office Use Only</b>
	_____ # of hours directly associated at 1 CEU per hour: _____
	_____ # of hours peripherally associated at: _____ CEU Per Hour _____
	_____ # of hours ineligible for CEUs
	Total _____
	Reviewed/Approved by: _____
	Date Reviewed: _____ No. of CEU hours approved: _____