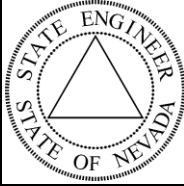


**FORM  
4055**



**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: amfernandez@water.nv.gov  
Fax: (775) 684-2811  
Phone No.: (775) 684-2813

Nevada Division of Water Resources  
Aurelio "Manny" Fernandez  
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.	<p style="text-align: center;"><b><i>This Space for Office Use Only</i></b></p> <p>_____ # of hours directly associated at 1 CEU per hour: _____</p> <p>_____ # of hours peripherally associated at: _____ CEU Per Hour _____</p> <p>_____ # of hours ineligible for CEUs</p> <p style="text-align: right;">Total _____</p> <p>Reviewed/Approved by: _____</p> <p>Date Reviewed: _____ No. of CEU hours approved: _____</p>