North Carolina Department of Environment and Natural Resources

North Carolina Well Contractors Certification Commission

Pat McCrory	Cassandra Champion	John Skvarla, III
Governor	Chairman	Secretary

COURSE PRE-APPROVAL REQUEST

Applicant Information:

Full Name _____

Address _____

City/State/Zip _____

Phone # _____

Well Contractor Certification #: NCWC _____-_____

Applicant is:

☐ Course attendee

☐ Course instructor/provider

Course Information:

1) Course title _____
2) Business/organization offering course _____
3) Name *and* phone number of course instructor(s) _____
4) Credit hours requested for the course _____ (60 min. of instructional time = 1 CEU)
5) Course instruction format: ☐ Live Presentation ☐ Interactive On-Line Course
6) Date(s), and time(s) of course _____
7) Location of course (City, State, & Address) _____
8) Course is: ☐ Closed/Full

   ☐ Open (provide contact info to register for course- website, phone, contact person): _____

   _____

Include with this form: A detailed timed agenda for the course *(including topics, course times and time allotted for meals and breaks)*, Qualifications for each instructor, Sample of completion certificate.

All courses must be pre-approved at least 30-days prior to the course date by the WCCC-Review Committee. Review Committee meeting dates are posted online on the ñMeetingsò page.

The information provided with this request is true and accurate to the best of my knowledge.

Signature of Applicant: _____ **Date:** _____

Submit this completed form with attachments to the address or fax listed below.

For Internal Use Only

First Review	**Re-Review**
Reviewed By: _____/_____ Date Reviewed: _____	Reviewed By: _____/_____ Date Reviewed: _____
☐ Approved. CEU Granted: _____	☐ Approved, CEU Granted: _____
☐ Need Info, Approved upon receipt of:_____	☐ Need Info, Approved upon receipt of:_____
☐ Need Info, Re-Review upon receipt of:_____	☐ Need Info, Re-Review upon receipt of:_____
☐ Denied. Reason: _____	☐ Denied. Reason: _____

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One NorthCarolina Naturally