



COURSEWORK CERTIFICATE OF ATTENDANCE AND EVALUATION
FLORIDA WATER WELL CONTRACTOR CONTINUING EDUCATION PROGRAM

SECTION I: CERTIFICATE OF ATTENDANCE (This portion of the form is to be completed by the student or licensed water well contractor - Please print or type)

CERTIFICATE OF ATTENDANCE AT APPROVED COURSEWORK

Contractor/ Student Name: \_\_\_\_\_

Licensed Water Well Contractor License Number (if applicable): \_\_\_\_\_

Student Driver's License Number (only if applying for a new license): \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

This Coursework is for: New Contractor Licensure Contractor License Renewal

Water Management District (WMD) where you are or will be licensed:

- Northwest FL WMD Suwannee River WMD St. John's River WMD
Southwest FL WMD South FL WMD

I, \_\_\_\_\_, affirm that on \_\_\_\_\_ I attended the coursework listed below:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
(Coursework Title) (Course ID) (City Where Coursework Offered)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION II: COURSEPROVIDER/INSTRUCTOR CERTIFICATION (This portion of the form must be completed by Course Provider/Instructor - Please print or type)

The above named has satisfactorily completed \_\_\_ hours of approved coursework as described above in the following category:

Rules/Well Construction Practices: \_\_\_ Hours Business/Safety Practices: \_\_\_ Hours

Signature of Course Provider/Representative or Instructor Course Provider Name Course Provider ID

The Certificate of Attendance must be submitted to the Administrator of the Water Well Contractor Continuing Education Program to convert approved coursework training attendance hours to Continuing Education Credits (CECs). This form is in triplicate: Please return the white copy (no photocopies) and any fees by check or money order (please do not send cash) payable to: FWWA, 325 John Knox Rd Ste L103, Tallahassee, FL 32303. The yellow copy is to be retained by the student. The pink copy is to be retained by the Course Provider.

Earned CECs will be electronically reported by the Administrator to the appropriate Water Management District to demonstrate the requirement for licensure. The coursework conversion fee is \$14 per coursework hour, Rule 62-531.340, F.A.C. Please allow 14 days for processing.

PLEASE DO NOT SEND THIS FORM TO YOUR WATER MGMT DISTRICT — THIS WILL DELAY PROCESSING



**SECTION III: APPROVED COURSEWORK EVALUATION** (Please print or type)

The Coursework Evaluation portion of the Certificate of Attendance must be completed by the student before the CE Program Administrator can convert any coursework hours to CECs.

Course Title: \_\_\_\_\_ Course ID: \_\_\_\_\_ Course Date: \_\_\_\_\_

Please rate the coursework by checking the appropriate box: 5 = excellent; 4 = above average; 3 = average; 2 = below average; 1 = poor

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Over all how would you rate this course?  | 5 | 4 | 3 | 2 | 1 |
| 2. Did the course meet your expectations?  | 5 | 4 | 3 | 2 | 1 |
| 3. Did you find the material covered to be informative and useful?                         | 5 | 4 | 3 | 2 | 1 |
| 4. Rate the speaker's effectiveness in presenting the material covered.                    | 5 | 4 | 3 | 2 | 1 |
| 5. How did you hear about this course? Mailing Brochure Word of Mouth FWWA website         |   |   |   |   |   |
| 6. What suggestions (if any) do you have for improving the content of this course/seminar? |   |   |   |   |   |

7. Which presentation topic was the most beneficial to you and why?

8. What other courses would you like to see offered?

9. Any questions of comments on regarding the coursework or instructor?

10. Any additional comments or recommendations?

Please take a few minutes to complete this form in order to receive a Certificate of Attendance for this course All comments and recommendation will be used to assist the CE Program Administrator with improving and expanding coursework to meet water well contractor technical and professional needs and interests. .