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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | SSTS Training Course  Accreditation Application  Subsurface Sewage Treatment Systems (SSTS) Program  *Doc Type: Certification Application* |

**Purpose**: This document is used to request accreditation for the Subsurface Sewage Treatment Systems (SSTS) training that you, your business, or your agency is providing. An SSTS individual may also use this form to receive accreditation for a course they have attended, but for which the providers did not apply for accreditation.

**Instructions**: Submit this application at least 30-days before the course to receive accreditation prior to the event. This application may be submitted for accreditation up to six months after the course was completed. If the training course is to be delivered more than once, an application must be submitted for each separate event. All incomplete applications will be returned.

**Mail completed application:** Minnesota Pollution Control Agency  
c/o James Lipps  
520 Lafayette Road North  
St. Paul, MN 55155-4194

## **Course Contact Information**

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| 1. | Name: |  | | | |  | | |  | | | | | |  |
|  |  | (First name) | | | | (Middle initial/name: Required) | | | (Last name) | | | | | | (Jr/Sr) |
| 2. | Mailing address: | | |  | | | | | | | | | | | |
|  | City: |  | | | | | | State: | |  | | Zip code: | |  | |
| 3. | County: |  | | | Phone number: | |  | | | | Alt. phone number: | |  | | |
| 4. | Email address: | |  | | | | | | | | | | | | |

## **Training Course Information**

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| 1. | Training course sponsor: | |  | | | |
| 2. | Training date (mm/dd/yyyy): | |  |  | | |
| 3. | Training course title: |  | | | | |
| 4. | Training location: |  | | | | |
| 5. | Training instructor(s): |  | | | | |
| 6. | Select type and input amount of credits requesting (> 50 minutes training = 1 credit – *refer to number 10)* | | | | | |
|  | Number of basic pre-certification direct credits: | | | |  |  |
|  | Number of specialty area pre-certification direct credits: | | | |  |  |
|  | Number of continuing education **direct** credits: | | | |  |  |
|  | Number of continuing education **related** credits: | | | |  |  |
| 7. | Describe the instructional materials used in the course below: | | | | | |
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## **Attachments** The items listed below must be included as supporting documents attached to this application. Check the box in the column to the left to verify that these items are attached.

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|  | 8. Attach a course outline or agenda that lists start/stop times of each topic, including breaks/lunch. |
|  | 9. Attach a summary of the credentials of the persons conducting the training that demonstrate the trainer’s educational and professional background; expertise in and knowledge of SSTS; state SSTS standards, rules, and statutes. In addition, specify topics on the agenda for which the trainer is responsible. |
|  | 10. Attach a written objective that describes the purpose of the training course.   * For basic pre-certification courses, include how this training relates to soil treatment theory, design, and construction fundamentals; system operational requirements; statute and rule requirements; technology options and state licensing requirements; standards and criteria. * For specialty area pre-certification courses, include how this training relates to performing the required responsibilities for each specialty area in Minn. R. 7083.0710 to 7083.0800. * For continuing education courses, include how this training relates to the technical aspects of sewage; sewage treatment; SSTS; soil identification; soil interpretation; soil water movement; engineering or environmental health related to SSTS; land application of wastes; or other related topics. * If you are requesting direct credits, include how the training relates to state SSTS rules, statutes, and administration of local ordinances; permitting and inspection. |
|  | 11. Attach a blank certificate of attendance to be awarded to participants that attend the entire course listing the training course title, date, location, proposed amount and type of Minnesota Pollution Control Agency (MPCA) credit hours, participant’s name, and training sponsor. |

## **After Training is Completed**

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|  | Submit a copy of every certificate of attendance awarded to participants attending the **entire** session to James Lipps, MPCA, 520 Lafayette Road North, St. Paul, Minnesota 55155. |
|  | Maintain records of participants, attending the entire session for a minimum of three years. |

## **Applicant Certification**

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|  | I hereby certify that the information provided is true and correct to the best of my knowledge. | | | | |
|  |  |  |  |  |  |
| Type course contact’s name | |  | Signature of course contact |  | Date (mm/dd/yyyy) |