REGISTRATION FORM

UTAH COUNTY HEALTH DEPARTMENT POOL AND SPA TRAINING COURSE 2015 SCHEDULE



Health Department

		2013 3011	neatti Department
NAME		EMA	IL
ADDRESSCITY		CITY	ZIP
EMPLOYER/COM	PANY/POOL		
ADDRESS			CITY
DAYTIME or CELL	PHONE		POSITION
		<u>COURSE O</u>	PTIONS:
	2 Day CPO Cour	se	Recertification Options
□ February 11-12, 2015	☐ April 22-23, 2015	□ June 10-11, 2015	COMPLETE ONE OF THE FOLLOWING TWO OPTIONS
Course will be cancelled if less than 10 people have registered. Class limit is 15 people; once limit is reached registration for that class will be closed. If more than 15 register for a class, a second class will be offered when at least 10 individuals have registered. Classes will last the full day <i>Wednesday</i> from 8:00 AM to 4:00 PM and <i>Thursday</i> from 8:00 AM to Noon. The test will be given after Thursday's class until 4:00 PM. The course requires you commit to the time period stated. Please bring a calculator and pencil. Registration with payment is required at least one week prior to course! We highly recommend you become familiar with the course manual prior to the beginning of the course. A manual can be obtained in person at our office or mailed for an additional \$10 fee.			 Complete either the CPO or AFO nationally recognized course. Receive national certification which is valid for 5 years. Upon receipt of national certification applicant <i>MUST</i> also register with Utah County Health Department for an additional \$30 fee. Present an operator certificate to Utah County which was current within the past 12 months. Pay a \$50 fee and successfully complete an exam accepted by the State of Utah to receive an operator permit valid in UTAH COUNTY ONLY. This permit will be valid for 5 years. This option is available by appointment only and allows for the purchase of a new manual for an additional \$50.
For addi			ale an appointment for Recertification 301-851-7525 .
	290.00 Certified	Pool Operator 2 D a	(CPO) COURSE AND TEST ay Course (includes book and national exam) O book is to be mailed)
MAKE CHECKS PAYABLE TO: UCHD MAIL TO: Utah County Health Department 151 South University Ave., Suite 2600 Provo JIT 84601			Office Use Only Amount Paid: \$ Payment Date: Cash □ Check □ Credit/Debit □

Reviewed By: _____