Nevada Well Drilling Continuing Education

Request for a Program or Course Accreditation

State of Nevada
Division of Water Resources

E-mail, fax or send your request to:

E-mail: smcdaniel@water.nv.gov
Fax: (775) 684-2811
Phone No.: (775) 684-2842

Nevada Division of Water Resources
Shannon McDaniel
901 S. Stewart Street, Suite 2002
Carson City, Nevada 89701

Name of Course: _____

Location of Course: Address _____

City: _____ State: _____ ZIP Code: _____

Date(s) of Course: _____

Sponsored by: _____

Contact Person: _____ Address: _____

City: _____ State/ZIP: _____ Email Address: _____

Phone No.: _____ Fax No.: _____

Hours of Course: _____ Requested number of CEU's: _____

Estimated # of Participants: _____ ☐ This will be a recurring course

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.

This request submitted by:

Name _____ Phone No.: _____

Email _____ Date submitted _____

For Office Use only:

_____ # of hours directly associated at 1 CEU per hour: _____

_____ # of hours peripherally associated at: _____ CEU per hour: _____

_____ # of hours ineligible for CEUs

Total _____

Reviewed/Approved by: _____
Date Reviewed: _____ No. of CE hours approved: _____

NOTE: For courses that are recurring and follow the provided syllabus, this approval is valid for 3 years.