



## Water Distribution Virtual Training April 7 – April 18, 2025

Thank you for your interest in taking part in our virtual Water Distribution Course. This class is intended for operators who require Class 1 Water Distribution certifications. The course will be held on the Zoom platform from April 7 – April 18, 2025 on Monday, Wednesday and Friday, from 10:00 am to 1:00 pm. The instructors will also be available from 10:00 am to 12:00 pm on Tuesdays and Thursdays for questions, review or to replay lectures.

At the conclusion of the course, operators can take their State of Alaska, Class 1 Water Distribution Exam in their home communities. Our staff will work with ADEC to find a local proctor and ensure that exams arrive in the community prior to the testing date. We suggest taking the exam as soon as possible after the conclusion of the course. Operators can obtain 1.5 CEUs with ADEC for their participation in the class.

Operators who complete the course and pass their exam will be eligible for a \$200 “study incentive” paid directly to them. They will need to fill out a W-9 form. To take part in the course, operators will need:

- Time allotted in their work schedule to attend the training and prepare for the exam.
  - In order to pass the exam, it should be assumed that the operator will spend 40-80 hours reading and studying outside of class.
- Use of a computer and a calculator.
- An active email address to receive documents for the course and links to Zoom classroom.
- Consistent internet access and the ability to watch/listen over Zoom.
  - Our staff will provide an orientation to Zoom at the beginning of the course.
  - Operators should attend the course in a place with reliable internet like a Tribal/city office or the school.

Please fill out the information below and return to [kmwhelan@anthc.org](mailto:kmwhelan@anthc.org) before **March 7, 2025**.

Name: \_\_\_\_\_ Current Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
(to send workbooks)

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Email/Phone: \_\_\_\_\_

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

