



AQUATIC VENUE

PUBLIC HEALTH INSPECTOR

INSTRUCTOR APPLICATION

Contact information

First Name

Last Name

Address

Apt. or Suite

City

State

Occupation

Zip Code

Title

Phone Number

Email Address

☐

I am a public health official

-
- Please enclose a current resume and a copy of a valid Qualified Operator Certification from:
Choose One
 - Please also include a copy of a current or prior certification as a Qualified Operator Instructor
Choose One

Additional Requirements

Public Health

- *Be a current NEHA Registered Environmental Health Specialist /Registered Sanitarian or approved equivalent*

Credentialing Agency

Credentialing #

- *Have a minimum of 5 years' experience inspecting pools*

Please tell us about your experience inspecting public and/or semi-public aquatic venues.

Non- Public Health

- *Have demonstratable experience with assessments, audits, and inspections of public and semi-public aquatic venues*
- *Have 10 years demonstrated experience the operation of, design, and/or maintenance*

Please tell us about your experience with public and/or semi-public aquatic venues

For questions regarding this application please contact Dewey Case, Technical Director at DeweyCase@CMAHC.org or 678-341-0011.



Driven by your expertise.