

EFFECTIVE DATE
SEPTEMBER 14, 2010

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

178 NAC 2

**178 NAC 2 ATTACHMENT 2
APPLICATION FOR SWIMMING POOL OPERATOR CERTIFICATE OF COMPETENCY**

Directions. Please print legibly in the spaces provided.

You must provide your name (exactly as you want it printed on the certificate of competency), complete address, birth date, age, social security number, clinic location with date, and signature to receive a certificate.

Have you previously been issued a Nebraska swimming pool operator certificate of competency? Yes No

Name:			
Home Mailing Address:	Street/PO/Route:		
	City:	State:	Zip:
Address where certificate of competency will be sent:			
Mailing Address:	Street/PO/Route:		
	City:	State:	Zip:
Social Security Number:		Telephone:	
<small>Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.</small>		Email Address:	
Birth Date:	Age:		
Clinic/Test Location:	City:	Date:	

Signature: _____

Additional Directions

ALL FIELDS ARE REQUIRED. We will email you if you do not get into the class date that you requested, this will be the only way you will be notified. The classes are on a first come first served basis until full. You will then be allowed to select a different date if you are notified that the class is full.

++++Please make certain that you fill out the **date and location** of the pool clinic you wish to attend on the application.

++++YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE **SOCIAL SECURITY NUMBER**

++++ THE APPLICATION IS ONLY VALID FOR THE PERSON WHO HAS REGISTERED. YOU MAY NOT SEND ANOTHER PERSON IN THEIR PLACE.

Individuals currently certified by NDHHS cannot attend a NDHHS clinic if their certificate expires 90 days BEFORE the clinic date.

If you need to look up your certificate information: <https://www.nebraska.gov/LISSearch/search.cgi>

Search Tip: Enter your last name and profession (swimming pool operator) only, don't fill in all of the fields listed.

Please mail ALL applications and fees to:

DHHS – Environmental Health 3rd Floor

ATTN: Pool Operators Clinic

PO Box 95026

Lincoln, NE 68509-5026