

WHO SHOULD ATTEND ?

- ◆ Persons in charge of operating any public bathing facility within Tulsa County must attend. (Exception: Anyone with certification from a nationally recognized organization need not attend).
- ◆ Any person interested in learning about the safe operation of a swimming pool or spa.
- ◆ If you attended this course in 2006, your permit expires this year. If you are still the person in charge of operating a public bathing facility, you should attend a class or take the challenge test.

OPTIONS

- ◆ **Class Attendance.** Those who attend Health Department training and pass a test will receive a valid Pool Operators Permit.
- ◆ **Challenge Test.** Experienced operators may choose to take a challenge test. Tests will be given on class days only. Those who pass the test will receive a valid Pool Operators Permit. (Failure of the test requires person to attend Health Department training).
- ◆ **Other Certification.** The Health Department will accept proof of current certification from a nationally recognized organization.

HB 1804— Verification Requirements

House Bill 1804 went into effect on November 1, 2007. It requires that all state and local government agencies verify the citizenship or legal presence of all people applying for benefits or services. As a result, anyone attending a Pool Operators Class from the Tulsa Health Department must sign a statement that they are either

- (1) A United States citizen, or
- (2) A qualified alien under the federal Immigration & Nationality Act and are lawfully present in the United States.

2012 SCHEDULE

Class Instruction

8:30 a.m. to 4:30 p.m.

(Lunch from 11:30 a.m. to 1:00 p.m.)

◆
April 10

April 24

◆
May 8

May 22

◆
June 12

June 26

◆
**Please Bring Calculator
and a Pen or Pencil to Class**

Challenge Test

8:30 a.m. To 11:00 a.m.

(Test is given on above class days only)

NEW CLASS LOCATION

Eastgate Metroplex Training Center

14002 E. 21st Street, Suite 550

Tulsa, Oklahoma 74134

Phone Number

(918) 595-4300

CLASS CONTENT

- ◆ Swimming Pool Calculations
- ◆ Circulation System
- ◆ Sanitizers
- ◆ Water Balance
- ◆ Chemical Dosage & Safety
- ◆ Preventative Maintenance
- ◆ Troubleshooting

REGISTRATION

- ◆ **Seating is Limited.** Classes will be filled by first-received registrations.
- ◆ **Registration Form.** Please fill out the registration form and return it to the Health Department with payment.
- ◆ **Confirmation.** You will receive a confirmation card with date of class or test in the mail. (If your first choice of date is full, you will be registered for another date.)
- ◆ **Fee.** The \$40.00 fee includes class instruction, course material, a certificate of completion, and a photo ID card.
- ◆ **Cancellation.** The fee may not be refunded. If you cannot attend, you may reschedule or send a replacement.

For information on the Virginia Graeme Baker Act go to www.cpsc.gov.

For more information on the American With Disabilities Act &

Architectural Barriers Act Accessibility Guidelines go to

www.access-board.gov/ada-aba/final.cfm#recreation

&

www.access-board.gov/adaag/html/adaag.htm#15

If you have any further questions feel free to contact us at 918-595-4328 or rroth@tulsa-health.org



**TULSA HEALTH
DEPARTMENT**

Pool Operator Permit



2012

Class Schedule & Registration

Required By
The State of Oklahoma

PRSR1 STD
U.S. POSTAGE
PAID
Tulsa, Oklahoma
PERMIT NO. 269

Tulsa City-County Health Department
Consumer Protection Services
5051 S. 129th E. Ave.
Tulsa Oklahoma 74134

- REGISTRATION**
- POOL OPERATORS CLASS** (or)
 - CHALLENGE TEST** (Choose One)
- TRAINING COST - \$40.00**

Fee Non-refundable.

- Method of Payment:
- Company Check
 - Certified Check
 - Money Order

(No personal checks accepted)
Please DO NOT staple check to form.

**We Have Moved. Please Note New Address.
Mail registration form and payment to:**

Tulsa City-County Health Department
Consumer Protection Services
5051 S. 129th E. Ave.
Tulsa, Oklahoma 74134
918-595-4300

Please complete one registration form per person. Make copies of this form as necessary. Please Print Clearly.

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Organization _____

Daytime Phone # _____

From the schedule, indicate 3 choices of dates for class or challenge test.

Seating is limited. You will receive confirmation of assigned class date.

1st Choice _____

2nd Choice _____

3rd Choice _____