

COMMERCIAL CLEARWATER COMPANY, INC.

P.O. Box 909 • Plandome, New York 11030

516-294-7985 (Voice) 516-294-7986 (Fax)



Help@911pool.com

POOL/SPA OPERATORS CERTIFICATION COURSE

(SANCTIONED BY THE NATIONAL SWIMMING POOL FOUNDATION)

The next two-day Pool /Spa Operators Certification Courses will be held on the following dates:

Thursday, March 30, 2017 and Friday March 31, 2017 at Coleman Country Day Camp, 55 Babylon Turnpike, Freeport, New York 11520

Thursday, April 6, 2017 and Friday April 7, 2017 at Town Park @ Lido, 630 Lido Boulevard, Lido Beach, New York 11561 Course time: 8am to 4pm both days.

The N.S.P.F. Instructor Paul Meilink will teach the following subjects: Pool Water Chemistry, Filtration and Circulation, Water Testing and Analysis, Pool Management, Pool Problems and Troubleshooting, Liability and Safety Issues, etc. **PLUS, the latest progress and developments in the aquatic profession including the latest information on the new Americans with Disabilities Act's federal requirements for pools. Also, information on Ultraviolet (UV) systems and Saltwater systems.**

The N.S.P.F. Exam will be administered at the end of the course. A 75% or better grade will qualify you as a "nationally" certified Pool/Spa Operator. Successful completion of the NSPF Certified Pool/Spa Operator® training course qualifies for 1.8 IACET CEUs based on ANSI/IACET Standards.

Registration Fee: \$315.00

\$285.00 Early Registration Fee

We must receive your Registration Form by Thursday March 16, 2017 to receive Early Registration discounted fee of \$285.00.

*The textbook will be provided and is included in the fee.

PLEASE BRING A CALCULATOR AND YOUR TEST KIT!!!!

Space is limited, please register early. Master Card or Visa Accepted. Group discounts available. Thank you for your inquiry, please contact me with any further questions at the above number.

Paul Robert Meilink

President – Commercial Clearwater Company

Pool/Spa Course

Make Checks payable to: Commercial Clearwater Co. Inc., P.O. BOX 909, Plandome, NY, 11030

NAME _____ AMOUNT PAID _____

COMPANY _____

ADDRESS _____

PHONE # _____ Fax _____

DATES REQUESTED: _____

Email Address: _____

