



### Application for Qualified Data Collector Status Stream Habitat Assessment (QHEI)

OFFICE USE ONLY	
QDC Number:	
Effective Date:	

Note: The questions below are based on the requirements in Ohio Administrative Code Rule 3745-4-03. Applicants should be familiar with the contents of that rule prior to completing this application. Additional information is available at <http://www.epa.ohio.gov/dsw/credibledata/index.aspx> or by calling (614) 644-3635.

For which QDC level are you applying?  Level 2  Level 3

<b>Applicant Information</b>			
Name:			
Mailing Address:			
City:	State:	Zip:	-
Phone: ( ) -	Fax: ( ) -	E-mail:	

<b>Affiliation(s)</b> (if applicable)	Will you collect data as part of your job? <input type="checkbox"/>	as a volunteer? <input type="checkbox"/>
List the affiliation(s) (employer or organizations) for which you expect to collect data:		

<b>Education</b>	
Highest Degree Earned:	Date Earned: / /
Major:	Minor:
School:	
List all undergraduate and graduate core course work in aquatic invertebrate zoology, limnology, aquatic biology, environmental sciences or a related discipline. (Attach additional pages if necessary.)	

<b>General Knowledge</b>
Do you have a general knowledge of stream and riverine physical forms and habitat features? <input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , how was it acquired? (Check one or more.)
<input type="checkbox"/> Undergraduate or graduate level course work (List courses in Education Section.)
<input type="checkbox"/> Other, describe:

Click to clear all entered information (on both pages of this form) **CLEAR**

<b>Training</b>		
Have you attended training and achieved a passing mark in the qualitative habitat evaluation index (QHEI) testing offered by Ohio EPA or a person authorized under OAC Rule 3745-4-03(E) to provide such training? <b>QHEI</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(Attach copy of official training certification or other documentation.)</i>		
<i>Note: Training must be within the last two years for level 3 status and within the last five years for level 2 status.</i>		
If <b>Yes</b> , date you attended the training(s): <b>QHEI</b> / /		
Organization or person who administered the training:		
Mailing Address:		
City:	State:	Zip: -
Phone: ( ) -	Fax: ( ) -	E-mail:

<b>Other</b>
Describe any other experience, education, training and other factors that qualify you as a quality data collector. <i>(Attach additional pages if necessary.)</i>

<b>Certification</b>
I certify that all information submitted in support of this application is true, accurate, and complete and that I have not been convicted of or pleaded guilty to a violation of section 2911.21 of the Revised Code (criminal trespass) or a substantially similar municipal ordinance within the previous five years.
Signature: _____ Date: / /

Mail completed application and supporting information to:  
Ohio EPA - DSW/Credible Data Program  
P.O. Box 1049, Cos, OH 43216-1049