

For more information on training, visit
our website at:
www.nyruralwater.org

LIMITED ATTENDANCE

- 35 -

Please pre-register as soon as possible

Register by fax or mail only to:

**NEW YORK RURAL WATER
ASSOCIATION**
P.O. Box 487
Claverack, NY 12513
Fax: (518) 828-0582
Phone: (518) 828-3155
for more information



**WATER
TRAINING SESSION**

**Water
Fluoridation in
New York State**

Date: November 16, 2017

Location: Saratoga County
Cooperative Extension
50 West High Street
Ballston Spa, NY 12020

FOR: All NYS Operators

MORNING SESSION

8:00 – 8:30 Registration
Welcome and Introduction

8:30 – 9:45
Health Benefits
To provide purpose and public health importance of community water fluoridation

9:45 – 10:15
Regulatory Perspective
Overview of current regulations regarding fluoridation

10:30 – 11:15
Fluoride Additives
Characteristics of the three commonly used fluoride additives

11:15 – 12:00
Laboratory Analysis
Fluoride testing methods

12:00 – 1:00 LUNCH

Water Fluoridation in NYS
November 16, 2017

AFTERNOON SESSION

1:00 – 1:30
Equipment/Facilities
Fluoride feed methods

1:30 – 2:15
Personnel Safety
Importance of personal protective measures

2:15 – 2:45
Operations
Best operational practices
Technical assistance overview

3:00 – 3:15 **NYS Role in the Water Fluoridation Reporting System and Reporting Fluoride Levels**
Why daily and monthly reporting of fluoride levels is important

3:15 – 3:45 **Fluoride Evaluations**

3:45 – 4:15 **Closing and Q & A**

Is your utility / organization a member of the New York Rural Water Association? If not, you should consider joining the over 1400 that are, and share in the benefits!
For more information, please call (518) 828-3155.

PLEASE RETURN BY November 6, 2017

PRE-REGISTRATION FORM
November 16, 2017 – Ballston Spa, NY
All information MUST be filled out.
(Please use a separate form for each attendee)

Personal Information

Name: _____

Home Address: _____

DOH Cert.# _____ DEC Cert.# _____

System: _____

County: _____ Phone: _____

e-mail address: _____

Member of NYRWA YES or NO

SPDES# _____ PWSID# _____

Billing Information ___ same as above

System/Co. Name: _____

Billing Address: _____

Phone: _____

NO FEE FOR THIS SESSION

Send registration form to:
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PO Box 487
Claverack, NY 12513
or fax: (518) 828-0582

NYS DOH is expected to grant 6 contact hours toward recertification.
NO HOURS FOR PARTIAL ATTENDANCE

Speakers for this session:
Hiroko Iida, NYS Oral Health Ctr. of Excellence
Jamie Herman, NYRWA