

For more information on training, visit  
our website at:  
[www.nyruralwater.org](http://www.nyruralwater.org)

Don't forget to join us at Turning Stone  
Resort for our... 39<sup>th</sup> Annual Technical  
Training Workshop and Exhibition  
May 21 – 23, 2018.

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***LIMITED ATTENDANCE***

***- 25 -***

Please pre-register as soon as possible

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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:** March 28, 2018

**Location:** Holland Willows  
177 Savage Rd.  
Holland, NY 14080

**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**  
March 28, 2018

**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 March 17, 2018

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**PRE-REGISTRATION FORM**  
**March 28, 2018 – Holland, 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:**  
New York Rural Water Association  
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