

# NATIONAL SWIMMING POOL FOUNDATION CERTIFIED POOL/SPA OPERATOR NATIONAL CERTIFICATION TRAINING COURSE

Taught by: Ben Stobnicki

## COURSE INFORMATION

LOCATION: High Pointe Plaza – Lufkin, TX  
3507 N. John Redditt Dr. Lufkin, TX 75901-1681

CONTACT: Ben Stobnicki - 903.285.3440 [stobnickib@gmail.com](mailto:stobnickib@gmail.com)

COURSE DATE: Thursday & Friday, May 11<sup>th</sup> & 12<sup>th</sup>, 2017  
9AM - 5PM on both days. (lunch provided each day)

COURSE FEE: \$275.00 Per Person. (Please send check)

\*Make checks payable to: Ben Stobnicki

\*Send checks to: Ben Stobnicki

3784 CR 4260

Mount Pleasant, TX 75455

**\*\*If paying by Credit Card, please call 903.285.3440 to register.**

CLASS SIZE: CLASS LIMITED TO FIRST 20.

REGISTRATION: On or before May 4th, 2017 (After that: \$50 late fee)

CERTIFIED INSTRUCTOR: BEN STOBNICKI - NSPF REGISTRATION # 75\*10504.

*Why Do You need Training?* Individuals who operate and/or maintain swimming pools/spas are involved in a field where technology or “know how” is constantly changing **MUST** be trained.

*Codes require it* and swimming pool/spa operators have an obligation to the public to provide facilities which are not only clean, but also safe and healthy for public use. Only an individual with this proper CPO training is qualified to meet such responsibilities.

*Topics of Discussion:* State and Local CODES, filtration, water chemistry, pool circulation, spas, pool maintenance, seasonal pools, renovation, conservation, pool management, sanitizers, special problems, pool calculations, and much more.

**You will receive books and materials at class. Please bring:**

**A PICTURE ID and a CALCULATOR with you to class.**

**(cannot use your cell phone as calculator on exam)**

**\*\*\*\*REGISTRATION WILL BE CONFIRMED BY PHONE, or email\*\*\*\***

***This form must accompany the \$275.00 unless paying with credit card. Registrations are non-refundable unless class is cancelled.***

**\*\*If paying by Credit Card, please call 903.285.3440 to register.**

Name \_\_\_\_\_ Phone: Day ( ) \_\_\_\_\_

Address \_\_\_\_\_ Cell ( ) \_\_\_\_\_

City \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ Fax / e-mail \_\_\_\_\_