



APPLICATION FOR COURSE PROVIDER APPROVAL

FOR OFFICE USE ONLY:

Reviewed by: _____ Division/Section Assigned: _____
 Date Provider Approved: _____ License/Certificate Affected: _____
 Assigned Provider #: _____

- 1. Initial Application:** **Renewal Application:**

If renewal application, please update all information that has changed below.

2. Applicant Information –

Name of Provider: _____

Address: _____
(Street, Route, or Box Number)

City: _____ State: _____ Zip: _____

Daytime Telephone #: (____) _____ - _____ Email Address: _____

Name of Provider Owner(s): _____
Last First MI

Address of Provider Owner(s): _____
(Street, Route, or Box Number)

Email Address of Provider Owner: _____

3. Type of Provider –

Trade Association: Trade School, College, Technical School:

Continuing Education Company: Online:

Other: Explain: _____

4. Attach the following with this application –

A. License and Certificates: List all licenses and certificates covered in proposed or current courses of the applicant.

B. Responsible Person(s) for Education: Provide the name and contact information of the individual who will be developing and implementing the education program.

C. Maintenance of Records: Provide the method to maintain records in compliance with 815 KAR 2:020.

D. Facilities: Provide a list of all location names and addresses for each venue.

E. Program Evaluation: Provide a sample evaluation form for use by course participants. Evaluations shall include the name of the provider, name of the course, date the course was taken, and the location of the course.

F. Course Completion Record: Provide a sample certificate of completion to be given to participants at the successful conclusion of a course.

I hereby authorize and direct any person, firm, officer, corporation, association, organization, or institution to release to the Department of Housing, Buildings and Construction, any files, documents, records, or other information pertaining to the named individual or organization requested by the Department of Housing, Buildings and Construction or any of their authorized representatives, in connection with processing this application for approval of an organization to provide continuing education courses.

I hereby release the aforementioned persons, firms, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Department of Housing, Buildings and Construction to disclose to the aforementioned organizations, persons, and institutions, any information, which is material to this application, and I hereby specifically release the Department of Housing, Buildings and Construction or its representative, from all liability in connection with such disclosures.

I agree to periodic monitoring of approved programs at the discretion of the Department of Housing, Buildings and Construction.

I acknowledge and understand that any information provided in this application that is found to be fraudulent, will be used to deny the application or if registration has been issued, revocation or suspension of the registration.

A photo static copy of this authorization for release of information has the same force and effect as the original.

Name (Printed)

Title

Signature

Date