



APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

FOR OFFICE USE ONLY:

Reviewed by: _____ Course Expiration Date: _____

Date Course Approved: _____ Division/Section Assigned: _____

Assigned Course #: _____ License/Certificate Affected: _____

1. **Mark the one that applies:** **NEW** or **Renewal**

2. **Applicant Information –**

Name of Provider: _____

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

City: _____ State: _____ Zip: _____

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

Name of Responsible Party: _____

Course Name: _____

Hours: _____ License or Certification targeted: _____

3. **Course Instructors –**

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

4. **Attach the following with this application –**

- A. Course Objectives:** Attach an outline of your learning objectives for this proposed course along with this application.
- B. Content Questions:** Attach potential content questions and possible answers that will be used in the proposed course.
- C. Instructor Qualifications:** Attach documentation of instructor qualifications.
- D. Program Evaluation:** Provide a sample evaluation form to be used by course participants.
- E. Course Completion Record:** Provide a sample certificate of completion to be given to participants at the successful conclusion of a course.
- F. Fees:** Provide a fee schedule for any fee charged to participants.

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 any and 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