

## APPLICATION TO BE APPROVED PROVIDER OF CONTINUING EDUCATION

Name of Organization: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_  
 Title of Contact: \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

How many years have you offered training relevant to the needs of building code officials? \_\_\_\_\_

List names of courses related to the continuing education needs of plans examiners or inspectors that you have offered or plan to offer, and the credit hours allowed per course:

	Course Name	Credit Hours
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____

Which of the following types of instruction do you offer? (Check all that apply.)

- Technical presentations or seminars that are related to building codes or building construction
- Non-technical presentations or seminars
- Semester-long courses of instruction, technical or non-technical
- Self-study courses, technical or non-technical
- Other (please specify): \_\_\_\_\_

List the name(s) of **one** or more government agencies, model codes agencies, standards-writing organizations or professional associations that grant their members or other individuals' continuing education credits for courses offered by your organization:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I certify that all information contained in this application is accurate and that I am authorized to submit this application on behalf of the organization named above.

Name (Typed or printed)	Signature	Date
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