

APPLICATION TO BE APPROVED PROVIDER OF CONTINUING EDUCATION

Name of Organization:				
City:				
•			·	
Primary Contact: Title of Contact:				
Phone Number: () Email Address:				
How many years have you of	fered training rel	evant to the needs of bu	ilding code o	fficials?
List names of courses related you have offered or plan to o				s or inspectors that
Course Name				Credit Hours
1				
2				
3				
4				
5				
6				
7				
Which of the following types	of instruction do	you offer? (Check all tha	t apply.)	
☐ Technical presentation	s or seminars tha	at are related to building	codes or bu	ilding construction
☐ Non-technical present	ations or semina	rs		
☐ Semester-long courses	s of instruction, t	echnical or non-technica	I	
☐ Self-study courses, te	chnical or non-te	chnical		
\square Other (please specify)	:			
List the name(s) of one or moorganizations or professional education credits for courses	associations that	grant their members or		
1	2		3	
I certify that all information of this application on behalf of t			id that I am	authorized to submit
Name (Typed or prin	ted)	Signature		Date

Department of Labor & Industry | UCC Division | 651 Boas Street | Room 1613 | Harrisburg, PA 17121-0750 717.783.6304 | Fax 717.787.8363 | www.dli.pa.gov