For HBLB Official Use Only
□ Check #_____ □ Money Order # _____
Date Received Stamped Here:

APPLICATION FOR APPROVAL AS A CONTINUING EDUCATION PROVIDER

□ **New Application ($250.00)**		□ **Renewal Application ($125.00)**	
SECTION 1: IDENTIFYING INFORMATION			
Provider Name:			
Contact Person:		Email:	
Address:	City:	State:	Zip:
Phone Number:	Fax Number:	Website Address:	
SECTION 2: PROVIDER TYPE			
□ Private Business	□ School/College/University	□ Association	□ Government Agency
SECTION 3: MISSION			
Please provide a statement that describes the mission and purpose of your organization. Include experience and/or credentials that qualify you or your company to provide continuing education for contractors:			
SECTION 4: EXPERIENCE			
Please provide a statement describing the area of specialty and prior teaching experience of the provider:			
SECTION 4: TRAINING DELIVERY/FACILITY			
Method of Instruction: □ Instructor Led		□ Online Training	
If Live (Instructor) Training, is facility located at the business address listed on this application? □ Yes □ No		If online training, is program equipped to verify attendee's participation? □ Yes □ No	
Address of facility where training will be conducted if different from address listed above in Section 1:			
Is training facility ADA compliant? □ Yes □ No If No, facility is unacceptable and is will not be approved.			
The Board shall have the authority to monitor approved courses, providers and instructors to determine compliance with the terms of the agreement and the rules and regulations of the Board.			
HBLB USE ONLY			
Application is: □ Approved □ Denied □ Requires Additional Information Comments:			