



For HBLB Official Use Only	
<input type="checkbox"/> Check # _____	
<input type="checkbox"/> Money Order # _____	
Date Received Stamped Here:	

APPLICATION FOR APPROVAL AS A CONTINUING EDUCATION INSTRUCTOR

<input type="checkbox"/> New Application (\$100.00)		<input type="checkbox"/> Renewal Application (\$50.00)	
SECTION 1: IDENTIFYING INFORMATION			
Name:		Provider:	
Address:	City:	State:	Zip:
Phone Number:	Fax Number:	Email:	
SECTION 2: MISSION			
Please provide a statement that describes the mission and purpose of your organization.			
SECTION 3: EXPERIENCE			
Please provide a statement describing the area of specialty and prior experience of the instructor. Include teaching experience and/or credentials that qualify you to provide continuing education for contractors:			
SECTION 4: TRAINING DELIVERY/FACILITY			
<input type="checkbox"/> Instructor Led		Method of Instruction:	
		<input type="checkbox"/> Online Training	
If Live (Instructor) Training, is facility located at the business address listed on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		If online training, is program equipped to verify attendee's participation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address of facility where training will be conducted if different from address listed above in Section 1:			
Is training facility ADA compliant? <input type="checkbox"/> Yes <input type="checkbox"/> 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.			