



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"/> <b>New Application (\$100.00)</b>	<input type="checkbox"/> <b>Renewal Application (\$50.00)</b>
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### 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

Method of Instruction:	
<input type="checkbox"/> Instructor Led	<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.**