



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 PROVIDER

<input type="checkbox"/> New Application (\$250.00)	<input type="checkbox"/> 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	
<input type="checkbox"/> Private Business <input type="checkbox"/> School/College/University <input type="checkbox"/> Association <input type="checkbox"/> 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:	
<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.