



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

APPLICATION FOR APPROVAL OF A CONTINUING EDUCATION COURSE

New Application (\$50.00)			
SECTION 1: IDENTIFYING INFORMATION			
Provider and Instructor Name:			
Contact Person:			
Address:		City:	State: Zip:
Phone Number:	Fax Number:	Email:	
SECTION 2: COURSE DESCRIPTION			
Course Title: Attach Syllabus		Course Length in Contact Hours:	
Please provide a statement that describes the course being offered: (Use attachments if necessary)			
Please identify resource material including multi-media, power point or other instructional aids:			
SECTION 3: 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? Yes 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? 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.