



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

## APPLICATION FOR APPROVAL AS A CONTINUING EDUCATION INSTRUCTOR

<b>New Application (\$100.00)</b>			
<b>SECTION 1: IDENTIFYING INFORMATION</b>			
Name:		Provider:	
Address:		City:	State: Zip:
Phone Number:	Fax Number:		Email:
<b>SECTION 2: MISSION</b>			
Please provide a statement that describes the mission and purpose of your organization.			
<b>SECTION 3: EXPERIENCE</b>			
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:			
<b>SECTION 4: TRAINING DELIVERY/FACILITY</b>			
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?    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.			
<b>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.</b>			