



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

APPLICATION FOR APPROVAL AS A CONTINUING EDUCATION PROVIDER

New Application (\$250.00)			
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? 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.			

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.