

**SUBMIT TO:**  
ELECTRICAL EXAMINING BOARD  
6200 Park Ave., Ste 100  
DES MOINES, IA 50321  
[elecinfo@dia.iowa.gov](mailto:elecinfo@dia.iowa.gov)

**Electrical Examining Board**

**CONTINUING EDUCATION COURSE APPROVAL APPLICATION**

**COURSE INFORMATION**

Open to Public?  Yes  No

Course Title: \_\_\_\_\_

In Person?  Yes  No

Actual Hours of Instruction: Code \_\_\_\_\_ Non-Code \_\_\_\_\_ Total \_\_\_\_\_

Virtual?  Yes  No

Has this course been approved for continuing education accreditation in another jurisdiction?  Yes  No

If yes, what jurisdictions? \_\_\_\_\_

**CERTIFICATE OF COMPLETION TO BE ISSUED BY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Instructor: \_\_\_\_\_ Instructor Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

**ADDITIONAL COURSE INFORMATION (attach to this application)**

1. **COURSE OUTLINE:** Give a general description of the course, include Electrical Code articles covered in the course.
2. **MATERIALS/ VISUAL AIDS:** Include text and references.
3. **SCHEDULE OF CLASSES:** Include scheduled/anticipated locations, dates, and times.
4. **COURSE CONTACT INFORMATION:** Provide contact information that may be distributed by the Electrical Examining Board to electrical license holders interested in taking this course.
5. **CERTIFICATE OF COMPLETION:** Include a copy of the proposed certificate.

<input type="checkbox"/> DENIED	DATE: _____	REASON: _____
<input type="checkbox"/> APPROVED	DATE: _____	BY: _____ EFFECTIVE FROM: _____ TO: _____
	BOARD COURSE ID# _____	