



Electrical Examining Board

SUBMIT TO:
ELECTRICAL EXAMINING BOARD
6200 Park Ave., Ste 100
DES MOINES, IA 50321
elecinfo@dia.iowa.gov

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.

☐ DENIED DATE: _____ REASON: _____

☐ APPROVED DATE: _____ BY: _____ EFFECTIVE FROM: _____ TO: _____

BOARD COURSE ID# _____