

SUBMIT TO:
ELECTRICAL EXAMINING BOARD
6200 Park Ave., Ste 100
DES MOINES, IA 50321

Electrical Examining Board

CONTINUING EDUCATION COURSE APPROVAL APPLICATION

COURSE INFORMATION

Course Title: _____ Open to Public? Yes No
 Actual Hours of Instruction: _____ Code _____ Non-Code _____ Total Correspondence? Yes No
 Has this course been approved for continuing education accreditation in another jurisdiction? Yes No
 If so, 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:** Please attach or 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:** Attach a copy of the proposed certificate

<input type="checkbox"/> CD <input type="checkbox"/> IR <input type="checkbox"/> HOURS OF INSTRUCTION <input type="checkbox"/> APPROVED INSTRUCTORS <input type="checkbox"/> CLASS SCHEDULE <input type="checkbox"/> QUIZ <input type="checkbox"/> COST TO PARTICIPANT <input type="checkbox"/> COURSE OUTLINE <input type="checkbox"/> MATERIALS/ SAMPLES	FOR DEPARTMENT USE ONLY <input type="checkbox"/> CERTIFICATE OF COMPLETION <input type="checkbox"/> Date of Course <input type="checkbox"/> Title of Course <input type="checkbox"/> Location of Course <input type="checkbox"/> Sponsor Name <input type="checkbox"/> Number of Hours <input type="checkbox"/> Attendee's Name and License Number <input type="checkbox"/> Instructor Name(s)	<input type="checkbox"/> EVALUATION CARD <input type="checkbox"/> Date of Course <input type="checkbox"/> Title of Course <input type="checkbox"/> Location of Course <input type="checkbox"/> Instructor Name(s) <input type="checkbox"/> Poor, Fair, Good, etc.
<input type="checkbox"/> DENIED DATE: _____ REASON: _____		
<input type="checkbox"/> APPROVED DATE: _____ BY: _____ EFFECTIVE FROM: _____ TO: _____		
BOARD COURSE ID# _____		