



**APPLICATION FOR CONTINUING EDUCATION INSTRUCTOR APPROVAL**  
ELECTRICAL BUREAU

**SUBMIT TO:**  
STATE FIRE MARSHAL DIVISION  
ELECTRICAL BUREAU  
215 EAST 7<sup>TH</sup> STREET  
DES MOINES, IA 50319

CONTINUING EDUCATION INSTRUCTOR APPROVAL

**NOTE:** This application must be submitted to the Electrical Examining Board with and as part of the application for course approval. In the event additional instructor approval becomes necessary for an approved course, a separate application must be submitted for each instructor.

**INSTRUCTOR (Instructor's Personal Information):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**INSTRUCTING FOR (Business or Institution Information):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**INSTRUCTOR QUALIFICATIONS:**

An instructor's background must be directly related to the National Electric Code or electrical trade. Instructor experience must be verified by three (3) letters of verification from educational institutions or government agencies attesting to the instructor's knowledge of and qualifications to teach the subject matter of the course for which approval is sought. List any other experience which qualifies you as an instructor for the course listed. Other recognized expertise in the electrical industry may be approved by the Electrical Examining Board.

**ATTACH COPIES OF THE FOLLOWING:**

1. Trade License Held
2. Teaching Degree
3. Other Qualifying Documentation

FOR DEPARTMENT USE ONLY

DENIED      DATE: \_\_\_\_\_ REASON: \_\_\_\_\_  
 APPROVED      DATE: \_\_\_\_\_ BY: \_\_\_\_\_ EFFECTIVE FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
BOARD INSTRUCTOR ID# \_\_\_\_\_