



**COUNTINUING EDUCATION SAMPLE CERTIFICATE OF
COMPLETION**
ELECTRICAL BUREAU

SUBMIT TO:
STATE FIRE MARSHAL DIVISION
ELECTRICAL BUREAU
215 E 7TH STREET
DES MOINES, IOWA 50319

SAMPLE CERTIFICATE OF COMPLETION

Participant's Name: _____
Electrician License/Certificate #: _____
Course Sponsor _____
Course Name: _____
Date of Course: _____ Class Hours: _____
Course Approval #: _____ Instructor's Name: _____ Instructor #: _____
Instructor's Signature: _____

Sponsors must forward an accurate and typed course completion roster for each course given within 30days of completion of course.

Roster Requirements

The Roster must include the following

- Names and license numbers of all participants
- Course name
- Course Board Approval #
- Date of course
- Location of course
- Actual number of hours of course instruction
- Instructor's name and Board Approval #
- Signature of Instructor