

Iowa Plumbing & Mechanical Systems Board

Application for Continuing Education Course

Iowa Department of Inspections, Appeals, & Licensing
Bureau of Environmental Health & Contractor - PMSB
6200 Park Ave, Suite 100
Des Moines, IA 50321

For questions, contact:
pmsb@dia.iowa.gov

- This application must be submitted by mail or email as listed above.
- The application **MUST** contain the following:
 - Course Outline: attach course outline or syllabus which identifies the course content and a breakdown of student contact hours.
 - Materials/ Visual Aids: include PowerPoint slides and a list of books, references, tests, visual aids, or other materials that will be used in course.
 - Schedule of Courses: include proposed scheduled locations, dates and times.
 - Certificate of Completion: attach a copy of the proposed certificate.
 - Course Roster: attach a copy of the proposed course roster.

Course Name:

Would you like the course information posted to the PMSB website? ☐ Yes ☐ No

How long will the course last (total contact hours)?

Mark all categories requested & specify the number of hours you are seeking continuing education credit for. If you are seeking approval in multiple categories for the same course, please indicate the total hours requested for the entire course.

Course Categories for Approval	Number of Hours
<input type="checkbox"/> Safety	
<input type="checkbox"/> Iowa Plumbing Code	
<input type="checkbox"/> Iowa Mechanical Code	
<input type="checkbox"/> Plumbing Discipline	
<input type="checkbox"/> Mechanical Discipline	
<input type="checkbox"/> HVAC/R Discipline	
<input type="checkbox"/> Sheet Metal Discipline	
<input type="checkbox"/> Hydronics Discipline	
Total Course Hours (required)	

Please list the course instructors. If additional instructors will be teaching this course you may attach additional sheets listing the instructor name and CEUI#.

Instructor Name	CEUI#

Sponsor Business Name:

Address:

City:	State:	Zip Code:
Email:		Phone:

Who should be contacted if there are questions about this application/course?

Name:

Email:

Phone:

Is the course online or in person?

☐ Online (complete next section)

☐ In Person (skip to signature)

Online Course Details

List a minimum of 3 people of varying backgrounds, along with a summary of their credentials, who have reviewed the course.

Reviewer #1

Name:

Credentials:

Reviewer #2

Name:

Credentials:

Reviewer #3

Name:

Credentials:

How long it took each reviewer to complete the course:

Reviewer #1:

Reviewer #2:

Reviewer #3:

How is individual course registration tracked?

What security procedures are used to verify course attendance?		
How are contact hours tracked?		
Is there a person proctoring the course?		
Who will track and report the continuing education credit hours?		
How will reporting be done?		
Is there a test at the end of the course?	<input type="checkbox"/> Yes (complete next section)	<input type="checkbox"/> No (skip to signature)
What are the testing procedures?		
Are there any time limits? Explain.		
Are there any retake limits? Explain.		
Where is the test taken and is it proctored?		
Can quizzes be taken before training is completed? Explain.		

I hereby certify that the information submitted on this application and any supporting documentation is true and correct. If course approval is granted, I understand such approval is only valid for three years and must be renewed to remain valid. If the course content changes, I agree to notify the board and understand a new application for course approval will be required.

I understand that at the conclusion of the course, all Iowa Plumbing & Mechanical Systems Board licensees must receive a certificate of completion and I agree to provide the required certificate. I understand that within 30 days of the conclusion of the course, I must also submit a course roster to the board office.

I hereby agree to abide by all board rules related to continuing education contained in Iowa Administrative Code 641—Chapter 30.

Printed Name: _____

Signature of Applicant: _____ Date: _____

Iowa Plumbing & Mechanical Systems Board Continuing Education Information for Providers

This document provides information to continuing education providers offering courses to plumbing and mechanical systems license holders in the state of Iowa. Continuing education providers should also review Iowa Administrative Code 641—Chapter 30 for additional requirements and rules governing continuing education for plumbers and mechanical systems license holders.

1. For a course to be accepted for continuing education credit, both the COURSE AND INSTRUCTOR must have prior approval of the board. Approved courses must be delivered by approved instructors and vice versa. Applications for course approval should be filed at least sixty days prior to the course date.
2. Renewal of courses and instructors must be submitted every three years. If the course content or instructor qualifications have changed, a new application must be submitted in lieu of renewal.
3. Course and instructor applications must be pre-approved by the Plumbing and Mechanical Systems Board (PMSB), the board's Continuing Education Committee, or the board's executive officer. Typically, new applications are reviewed monthly by the Continuing Education Committee.
4. The board hosts a training calendar on its website where licensees can search for upcoming board approved continuing education courses. If you would like to have a course posted to the calendar, please complete the "Schedule of Courses" form.
5. At the conclusion of an approved continuing education course, the instructor shall inform each student that a survey of the course may be completed and submitted by the student to the PMSB office through either a written evaluation form or our online survey available on the board's website.
6. At the conclusion of the course, each student must be issued a certificate of completion by the continuing education provider. The certificate must include the following:
 - i. Full name and PMSB license number of the participant
 - ii. Course name and course ID#
 - iii. Date of course
 - iv. Number of CE hours awarded for code, safety, or trade discipline(s) for license renewal
 - v. Instructor's full name and board-approved instructor ID#
 - vi. Signature of instructor (electronic signature accepted)
7. Within 30 days of the completion of the course, the instructor or authorized person shall submit to the board either a typed or electronic course completion roster for the course.
 - a. Rosters must include:
 - i. Full names and PMSB license numbers of all participants
 - ii. Course name and course ID #
 - iii. Date of course
 - iv. Location of course
 - v. Number of program contact hours
 - vi. Instructor's full name and board-approved instructor ID#
 - vii. Signature of Instructor (electronic signature accepted)
 - b. Rosters may be submitted by:
 - i. Email to PMSB@dia.iowa.gov



- ii. Mail to the PMSB office:
Bureau of Environmental Health and Contractor – PMSB
Iowa Department of Inspections, Appeals & Licensing
6200 Suite 100
Des Moines, IA 50321
8. Course ID numbers and board instructor ID numbers shall not be published or provided to the public or licensee in any documents other than the completion certificate.
9. Instructor Applications must be accompanied by the following:
 - a. Completed Application for Course Instructor
 - b. Proof of instructor qualifications:
 - i. For safety, current IOSHA card, train-the-trainer or instructor card, copy of safety-related degree or diploma
 - ii. For code, copy of any license(s), evidence of having taught courses, evidence of current certification as an inspector or plans examiner, or evidence of other equivalent specialized training or education
 - iii. For trade discipline(s), copy of any license(s), evidence of employment as a product representative with manufacturer training, evidence of having taught courses, or evidence of other equivalent specialized education or training
10. Course Applications must be accompanied by the following:
 - a. Completed Application for Course Approval
 - b. Please clearly indicate the total hours requested and the categories of course content.
 - c. Course Outline: attach a copy of the course outline or syllabus which identifies the course content and a breakdown of student contact hours.
 - d. Materials/Visual Aids: include any PowerPoint slides and a list of books, references, tests, visual aids, or other materials that will be used in course.
 - e. Schedule of Courses: If you would like the course listed on the board's training calendar, include the schedule of courses form.
 - f. Certificate of Completion: attach a copy of the proposed course certificate. You may include either your own certificate if it includes all required information or you may use the board's sample certificate.
 - g. Course Roster: Attach a copy of the proposed course roster. You may use either your own proposed form if it includes all required information or you may use the board's sample roster.
11. Applications for Electronic/Online Course Approval must be accompanied by the following:
 - a. Completed Application for Course Approval
 - b. Course Outline: attach a copy of the course outline or syllabus which identifies the course content and a breakdown of student contact hours.
 - c. Materials/Visual Aids: provide a copy of the CD-ROM/DVD, video, visual aids or other material included with the course or activity.
 - d. Schedule of Courses: include proposed scheduled locations, dates and times.
 - e. Certificate of Completion: attach a copy of the proposed course certificate. You may include either your own certificate if it includes all required information or you may use the board's sample certificate.
 - f. Course Roster: Attach a copy of the proposed course roster. You may use either your own proposed form if it includes all required information or you may use the board's sample roster.



Iowa Plumbing & Mechanical Systems Board
Schedule of Courses for Training Calendar

The Iowa Plumbing and Mechanical Systems Board website hosts an optional training calendar which displays upcoming board-approved continuing education courses for licensees. There is no fee associated with the posting of courses to the calendar.

To post a course to the calendar, please complete one form for each approved course number. If a single course will be offered for multiple dates then one form may be used to notify of multiple dates/locations. Informational flyers, course outlines, brochures, etc may also be linked to the course announcement. If you would like a copy of the brochure posted, please email an electronic copy. Please submit the form a minimum of 7 days and no more than one year prior to the course date.

Course Registration Contact Name (to be posted online):		
Contact Address:		
City:	State:	Zip Code:
Contact Telephone #: (to be posted online)	Contact Email Address: (to be posted online)	
Course Registration Website:		
Instructor's Name, if Different:	Instructor #: CEUI	
Course Name:		
Course Approval #: CEUC	Cost:	
Hours Awarded & Categories:		
Signature of Instructor or Authorized Person:		



Please email or mail completed forms to:

Bureau of Environmental Health and Contractor – PMSB
Iowa Department of Inspections, Appeals & Licensing
6200 Park Avenue Suite 100 Des Moines, IA 50321
Email: PMSB@dia.iowa.gov

Note: If submitting this form electronically, you may also attach a copy of the course registration brochure if you would like us to include that in the posting on our training calendar.

Course Date:	Course Start Time:	Course End Time:
Course Location:		
City	State	Zip
Course Date:	Course Start Time:	Course End Time:
Course Location:		
City	State	Zip
Course Date:	Course Start Time:	Course End Time:
Course Location:		
City	State	Zip
Course Date:	Course Start Time:	Course End Time:
Course Location:		
City	State	Zip
Course Date:	Course Start Time:	Course End Time:
Course Location:		
City	State	Zip
Course Date:	Course Start Time:	Course End Time:
Course Location:		
City	State	Zip
Course Date:	Course Start Time:	Course End Time:
Course Location:		
City	State	Zip

If additional dates are available please copy this page as needed.



**Iowa Plumbing & Mechanical Systems Board
Certificate of Completion**

Participant Information	
Name:	IA PMSB License #
Course Information	
Course Name:	
Date of Course:	IA PMSB Course Approval #:
Instructor Information	
Instructor Name:	CEUI#
Course Sponsor Information	
Sponsor Name:	
Sponsor Contact Information:	
Hours Awarded	
Safety	Hours
Plumbing Code	Hours
Mechanical Code	Hours
Plumbing Discipline	Hours
Mechanical Discipline	Hours
HVAC/R Discipline	Hours
Sheet Metal Discipline	Hours
Hydronics Discipline	Hours

Instructor Signature: _____

Date: _____

Iowa Plumbing & Mechanical Systems Board

Continuing Education Course Roster



This roster must be submitted to the Plumbing & Mechanical Systems Board 30 days after the completion of the course.

Submit completed forms to: PMSB@dia.iowa.gov or mail to:

Bureau of Environmental Health and Contractor – PMSB
 Iowa Department of Inspections, Appeals & Licensing
 6200 Park Avenue Suite 100
 Des Moines, IA 50321

Course Name/Title:			
PMSB Course Number:		Date of Course:	
Location of Course/Address:			
Code Hours:	Safety Hours:	Discipline Type:	
		Discipline Hours:	
Instructor Last Name:	Instructor First Name:	Instructor PMSB Number:	
Instructor Signature:			
Student Information			
Last Name	First Name	PMSB License Number *Required	City/State

Course # _____

Student Information			
Last Name	First Name	PMSB License Number *Required	City/State