LARRY JOHNSON, JR., DIRECTOR

Iowa Plumbing & Mechanical Systems Board

Application for Continuing Education Course Renewal

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.
- This form is only valid for courses that have NOT changed content or materials since the original date of approval. Only one course may be renewed per application form.
- If there are any changes to course material or content you must submit a new application for course review and approval. If there are instructor changes please complete the applicable section below.

Course Name						
Course Approval #		Course Expiration Date				
CEU						
Course Cost						
\$						
Course Categories for Approval		Number of Hours				
Safety						
lowa Plumbing Code						
lowa Mechanical Code						
Plumbing Discipline						
Mechanical Discipline						
HVAC/R Discipline						
Sheet Metal Discipline						
Hydronics Discipline						
Total Cou	rse Hours					
Have there been any instructor changes?						
Yes (Complete below section)	No					
Instructor Name	Instructor ID#		Add	Remove		
Instructor Name	Instructor ID#		Add	Remove		
Instructor Name	Instructor	ID#	Add	Remove		
Instructor Name	Instructor	ID#	Add	Remove		



Department of Inspections, Appeals, & Licensing

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Instructor ID#					
	Add Add	Remove			
Instructor ID#					
	Add	Remove			
Yes No					
Would you like the course information posted on the Continuing Education Calendar?					
Yes (Attach a "Schedule of Courses" form)					
Sponsor Business Name					
Sponsor Contact Name					
City					
Zip Code					
'					
Email					
Zman					
Signature of person v	erifying renewal				
Signature of person v	erityirig reflewal				
☐ I verify there are no changes to the course content or materials and request					
renewal of the course approval.					
	Instructor ID# he Continuing Education Calendar No City Zip Code Email Signature of person v	Instructor ID# Add Add Add Add Continuing Education Calendar? No City Zip Code Email Signature of person verifying renewal			