



# Continuing Education Instructor Approval Application

Department of Consumer & Business Services

Building Codes Division • 1535 Edgewater St. NW, Salem, Oregon

Phone: (503) 373-1268 • Fax: (503) 378-2322 • TTY: (503) 373-1358

Web: bcd.oregon.gov

Date received by BCD: \_\_\_\_\_

Courses and instructors are approved for the duration of a code cycle.

## INSTRUCTIONS

1. Print clearly.
2. Include all requested information.

An incomplete application may delay evaluation of your qualifications.

## INSTRUCTOR INFORMATION

Instructor name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Course/program title: \_\_\_\_\_

## QUALIFICATIONS

Please attach the following information:

- List of courses or subject matter you intend to teach
- Proof of your qualifications to teach the courses or subject matter you listed. Qualifications may include:
  - Appropriate license
  - Relevant degree
  - Other expertise

## DEPARTMENT USE ONLY

Courses or subject matter: \_\_\_\_\_

Approved      Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Courses or subject matter: \_\_\_\_\_

Denied      Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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*This form may be photocopied*

