



Continuing Education Course Approval Application

Department of Consumer & Business Services
Building Codes Division
 1535 Edgewater NW, Salem, Oregon
 Mailing address: P.O. Box 14470, Salem, OR 97309-0404
 503-373-1268 • Fax: 503-378-2322
 Web: bcd.oregon.gov

Date received by BCD: _____

INSTRUCTIONS

Two easy steps: 1. Print clearly. 2. Include all requested information.
An incomplete application will delay evaluation of your course(s).

Your contact information provided below will be published on the Building Codes Division Web site.

Company name: _____ Contact person: _____
 Address (street or P.O. Box): _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____
 E-mail: _____ Web address: _____

COURSE INFORMATION

Course name: _____
 Course approval requested for: Boiler Electrical Plumbing
 Total course hours (min. 2 hrs.): _____
 Has BCD approved this course previously? No Yes If yes, year of approval: _____

Check the appropriate category: <input type="checkbox"/> Code-change continuing education hours <input type="checkbox"/> Code-related continuing education hours	Course is offered (check all that apply): <input type="checkbox"/> Live <input type="checkbox"/> To the public <input type="checkbox"/> Online <input type="checkbox"/> By correspondence
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Please include the following:

- Brief description of the course.
- Detailed course outline, including:
 - Course content and time spent on each content area.
 - Course objectives.
 - Learning outcomes.
- Name or names of instructors and qualifications (Form 440-2505). Previously approved instructors do not need to resubmit instructor application.
- Course prerequisites, if any.
- For code-change courses, be sure to include:
 - A specific statement that the course meets the minimum code-change requirements for the license types in the matrix approved by the appropriate board.
 - Course content must include permit process and requirements. Scope of work for specific license relevant to the course, and rule and law changes including alternate method ruling and changes.
- List of all program materials.

Are there limitations on who may attend? No Yes (specify): _____

By my signature, I authorize the Oregon Building Codes Division to monitor and evaluate the continuing education course described in this application.

Signature: _____ Date: _____

DEPARTMENT USE ONLY

Application complete? Yes No* Course information attached? Yes No
 Course outline attached? Yes No Course has division-approved instructor?..... Yes No

* If application is not complete, return it to applicant for completion and resubmission.

Approved from _____ to _____ Signature: _____ Date: _____
MM/DD/YYYY MM/DD/YYYY

Denied Signature: _____ Date: _____

Comments: _____

