



For MSBOC Official Use Only
\$25.00 Fee Received: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order
Date Received Stamped Here:

APPLICATION FOR APPROVAL OF A CONTINUING EDUCATION COURSE

<input type="checkbox"/> New Application		<input type="checkbox"/> Renewal Application	
SECTION 1: IDENTIFYING INFORMATION			
Provider or Instructor Name:			
Contact Person:			
Address:	City:	State:	Zip:
Phone Number:	Fax Number:	Email:	
SECTION 2: COURSE DESCRIPTION			
Course Title: Attach Syllabus		Course Length in Contact Hours:	
Please provide a statement that describes the course being offered: (Use attachments if necessary)			
Please identify resource material including multi-media, power point or other instructional aids:			
SECTION 3: TRAINING DELIVERY/FACILITY			
Method of Instruction:			
<input type="checkbox"/> Instructor Led		<input type="checkbox"/> Online Training	
If Live (Instructor) Training, is facility located at the business address listed on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		If online training, is program equipped to verify attendee's participation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address of facility where training will be conducted if different from address listed above in Section 1:			
Is training facility ADA compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, facility is unacceptable and is will not be approved.			
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Application is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Requires Additional Information			
Comments:			