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| For MSBOC Official Use Only   |  |
| \$75.00 Fee Received: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order |  |
| Date Received Stamped Here:   |  |

## APPLICATION FOR APPROVAL AS A CONTINUING EDUCATION PROVIDER

|   |             |  |      |
|---|-------------|--|------|
| <input type="checkbox"/> New Application  |             | <input type="checkbox"/> Renewal Application   |      |
| <b>SECTION 1: IDENTIFYING INFORMATION</b>   |             |  |      |
| Provider Name:  |             |  |      |
| Contact Person:   |             | Email:   |      |
| Address:  | City:       | State:   | Zip: |
| Phone Number:   | Fax Number: | Website Address:   |      |
| <b>SECTION 2: PROVIDER TYPE</b>   |             |  |      |
| <input type="checkbox"/> Private Business <input type="checkbox"/> School/College/University <input type="checkbox"/> Association <input type="checkbox"/> Government Agency                                    |             |  |      |
| <b>SECTION 3: MISSION</b>   |             |  |      |
| Please provide a statement that describes the mission and purpose of your organization. Include experience and/or credentials that qualify you or your company to provide continuing education for contractors: |             |  |      |
| <b>SECTION 4: EXPERIENCE</b>  |             |  |      |
| Please provide a statement describing the area of specialty and prior teaching experience of the provider:  |             |  |      |
| <b>SECTION 4: TRAINING DELIVERY/FACILITY</b>  |             |  |      |
| 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.  |             |  |      |
| <b>MSBOC USE ONLY</b>   |             |  |      |
| Application is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Requires Additional Information  |             |  |      |
| Comments:   |             |  |      |