



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 AS A CONTINUING EDUCATION INSTRUCTOR

<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal Application
SECTION 1: IDENTIFYING INFORMATION	
Name:	
Address:	City: State: Zip:
Phone Number:	Fax Number: Email:
SECTION 2: MISSION	
Please provide a statement that describes the mission and purpose of your organization.	
SECTION 3: EXPERIENCE	
Please provide a statement describing the area of specialty and prior experience of the instructor. Include teaching experience and/or credentials that qualify you to provide continuing education for contractors:	
SECTION 4: 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:	