Continuing Education Instructor Approval Application

Department of Consumer and Business Services
Building Codes Division
Mailing Address: P.O. Box 14470, Salem, OR 97309-0404
1535 Edgewater St. NW, Salem, Oregon
Phone: 503-373-1268 • Web: www.oregon.gov/bcd

Date received by BCD:

INSTRUCTIONS

1. Type or print clearly.
2. Include all requested information.

An incomplete application may delay evaluation of your qualifications.

INSTRUCTOR INFORMATION

Instructor name: _____

Phone: _____ Email: _____

Provider name:

Check the appropriate board you are requesting approval through:

☐ Electrical ☐ Plumbing ☐ Boiler

List all course titles instructor is requesting approval for:

Credit categories: **(check all that apply)**

☐ Code Change ☐ Code Related ☐ Oregon Rule and Law
☐ First Aid/CPR* ☐ OSHA*

*requires a current trainer certificate as proof of qualification

QUALIFICATIONS

Attach proof of your qualifications to teach the courses or subject matter you listed. Qualifications may include:

- Trade license or certification
- Professional training certificate
- Relevant degree
- **A resume will not be considered as proof**

Instructors are approved once per code cycle for each credit category.