Continuing Education Course 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 course.

CONTACT INFORMATION

Contact information provided below will be published on the Building Codes Division website.

Company name: _____ Contact person: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: Web address:

COURSE INFORMATION

Course name:

Code cycle year: | Total course hours **(2-hour increments.)**:

Check the appropriate board you are requesting approval through:

☐ Electrical ☐ Plumbing ☐ Boiler

Check the appropriate credit category **(one per course)**:

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

Check the appropriate presentation type **(see information on submitting content below)**:

☐ Live – in-person or live streaming with audio/video participation
☐ Online – canned, no instructor
☐ Correspondence – available by mail

SUBMITTAL REQUIREMENTS

Please include the following items for a complete course application:

☐ **Brief description of the course.**
☐ **Detailed course outline, including**:
- Course-specific content and a time breakdown spent on each content area
- Course objectives
- Learning outcomes

☐ **Instructor names**. Instructor approval is required once per code cycle via the Instructor Application (Form 440-2505) for each code category
☐ **Course prerequisites, if any**
☐ **Course materials appropriate to each presentation type:**
- Live – slides, handouts, sample testing materials
- Online – *link to the online course content with login information (if content is secured); or *screenshots of the online course content
- Correspondence – copy of workbook

Find instructions for electronic submittal and processing deadlines on our CE Providers page:
https://www.oregon.gov/bcd/ce/Pages/providers-info.aspx

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

Signature: | Date: