Iowa Plumbing & Mechanical Systems Board
Application for Continuing Education Instructor Approval

Part 1. Instructor Contact Information.

Full Name:		
Home Address:		
City:	**State:**	**Zip Code:**
Telephone:	**Email Address:**	
Business Address:		
City:	**State:**	**Zip Code:**
Social Security Number, PMSB License #, or AMANDA Pin*:	**Date of Birth:**	**Preferred Contact Address:** ◯ **Home** ◯ **Business**

*Privacy Act Disclosure Notice: Disclosure of your Social Security Number is optional under 42 U.S.C. § 666(a)(13). The SSN is only needed if you would like to manage your instructor and course details in our online database and you do not already have either a PMSB license # or AMANDA account PIN. If you do not already have an AMANDA account and do not wish to provide SSN, you may still be an approved instructor, however, you will not have online access to your instructor and course information.

Part 2. Sponsoring Organization Information. Please list the name of the business or institution you will be instructing for or write "self-employed" if there is no sponsoring organization.

Sponsor Business Name:		
Sponsor Contact Name, if different:		
Address One:		
Address Two:		
City:	**State**	**Zip Code:**
Telephone:	**Email Address:**	
Who should be contacted if there are questions about this application? ◯ Sponsor ◯ Instructor		

Part 3. Course Categories Requested. Mark all categories you are seeking to provide instruction.

◯ **Safety** (Ex: Iowa Occupational Safety & Health Act, First Aid, CPR, AED Training)
◯ **State of Iowa Plumbing Code**
◯ **State of Iowa Mechanical Code**
◯ **Trade Discipline(s):** ◯ **Plumbing** ◯ **HVAC/R** ◯ **Hydronics** ◯ **Sheet Metal** ◯ **Mechanical**

For Office Use Only

☐ Approved ☐ Denied	Reviewed By/Date Reviewed:		Processed By:
Instructor Number:	Issue Date:		Expiration Date:
Notes:			

Part 4. Instructor Qualifications. Indicate the instructor qualifications for each category(ies) you are seeking to provide instruction. Instructor experience may be verified by letters from educational institutions, state, city, or county entities requiring such instruction, or other groups directly associated with knowledge of the applicable subject matter.

○ **Safety**. Instructor must meet one of the following:
  ○ **Current Iowa OSHA 500, 501, 502, or 503 card or completion certificate (Attach copies)**
  ○ **Current train-the-trainer or instructor card or other certification (Attach copies)**
  ○ **Safety-related degree or diploma issued by (Attach copies & check one):**
    ○ **American Heart Association** ○ **American Red Cross** ○ **National Safety Council**
    ○ **Board of Certified Safety Professionals** ○ **Other:**_____

○ **Code (plumbing or mechanical)**. Instructor must meet one of the following:
  ○ **Board-issued Iowa Journey/Master license in discipline (Attach copies)**
  ○ **Current license as a professional engineer under Iowa Code chapter 542B (Attach copies)**
  ○ **Evidence of having taught at least 8 contact hours in the applicable Code within the past 3 years (Attach proof)**
  ○ **Current certification as an inspector or plans examiner in the discipline – ICC/IAPMO certifications from specific code body (Attach copy of certification)**
  ○ **Other equivalent specialized education or training, specify:**_____
  _____**(Attach proof)**

○ **Trade Discipline(s).** Instructor must meet one of the following:
  ○ **Board-issued Iowa Journey/Master license in discipline (Attach copies)**
  ○ **Current license as a professional engineer under Iowa Code chapter 542B (Attach copies)**
  ○ **Evidence of employment as a product representative with manufacturer training (Attach copy of a signed letter from a 3rd party on their letterhead)**
  ○ **Evidence of having taught at least 8 contact hours in the applicable discipline within the past 3 years (Attach proof)**
  ○ **Other equivalent specialized education or training, specify:**_____
  _____ **(Attach proof)**

Part 5. Attestation & Signature. Form must be signed to be considered for approval.

I hereby certify that the information submitted on this application and any supporting documentation is true and correct. If an instructor approval is granted to me, I understand such qualification is only valid for three years and must be renewed to remain valid. If my instructor qualifications change, I agree to notify the board and understand it may affect my authorization to teach board-approved courses.

I also understand that all courses I instruct must be prior-approved by the board for participants to claim continuing education credit toward renewal of an Iowa plumbing or mechanical license. Course approval is also valid only for a three-year period.

I hereby agree to abide by all board rules related to continuing education contained in Iowa Administrative Code 641—Chapter 30.

Printed Name:_____

Signature of Applicant: _____ Date: _____

Return completed form to: Iowa Dept. of Public Health – PMSB; 321 E. 12th St, Des Moines, IA 50319-0075