Iowa Plumbing & Mechanical Systems Board
Application for Continuing Education Course Approval
--- For Electronic Learning/Online Courses

Part 1. Course Information.

Name of Course:	

Is the course open to the public? ◯ **Yes** ◯ **No** | **Cost: $**

Would you like the course information posted to the PMSB website? ◯ **Yes** ◯ **No**

If yes, website where participants can go to register for the course:

Type of electronic training? ◯ **CD-ROM/DVD Training** ◯ **Video-based Training** ◯ **Online** ◯ **Other, specify:**

Brief summary of the training product/course:

Part 2. Course Categories & Hours Requested.
Mark all categories requested & specify the number of hours you are seeking continuing education credit for. Safety courses include Iowa Occupational Safety & Health Act, First Aid, CPR, or AED. If you are seeking approval in multiple categories for the same course, please indicate the total hours requested for the entire course.

◯ **Safety**	**# of Safety Hours Requested:**	
◯ **State of Iowa Plumbing Code**	**# of Code Hours Requested:**	
◯ **State of Iowa Mechanical Code**	**# of Code Hours Requested:**	
◯ **Trade Discipline(s):**		
◯ **Plumbing**	**# of Hours Requested:**	
◯ **Mechanical**	**# of Hours Requested:**	
◯ **HVAC/R**	**# of Hours Requested:**	
◯ **Hydronics**	**# of Hours Requested:**	
◯ **Sheet Metal**	**# of Hours Requested:**	
	TOTAL Course Hours Requested:	

For Office Use Only

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

Part 3. Checklist of Additional Required Information. (Attach to this application.)

☐ 1. Course Outline: attach course outline or syllabus which identifies the course content and a breakdown of student contact hours.

☐ 2. Materials/ Visual Aids: provide a copy of the CD-ROM/DVD, video, visual aids or other material included with the course or activity.

☐ 3. Schedule of Courses: include proposed scheduled locations, dates and times.

☐ 4. Certificate of Completion: attach a copy of the proposed certificate.

☐ 5. Course Roster: attach a copy of the proposed course roster.

Part 4. Instructor & Course Sponsor Information. Please list the name of the course instructor(s) and the business or institution sponsoring the course. If additional instructors will be teaching this course, you may attach additional sheets as needed.

Name of Course Instructor:	**PMSB Instructor ID #**
Name of Course Instructor(s):	**PMSB Instructor ID #**
Name of Course Instructor(s):	**PMSB Instructor ID #**
Name of Course Instructor(s):	**PMSB Instructor ID #**
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
Who will be responsible for monitoring attendance and submitting the course roster? ◯ Sponsor ◯ Instructor

Part 5. Additional electronic/online course details.

List a minimum of three people of varying background, along with a summary of their credentials, who have reviewed the product/course.			
Reviewer #1 Name:		**Credentials or Instructor #:**	
Reviewer #2 Name:		**Credentials or Instructor #:**	
Reviewer #3 Name:		**Credentials or Instructor #:**	
How long did it take each person listed above to complete the course?	**Reviewer #1:**	**Reviewer #2:**	**Reviewer #3:**
How is individual course registration tracked?			
What security procedures are used to verify course attendance?			
How are contact hours tracked? Is there a person proctoring the course?			
Who will track and report the continuing education credit hours?			
How will reporting be done?			

Part 6. Testing Procedures.

Is there a test at the end of the course? ◯ **Yes** ◯ **No**
What are testing procedures?
Are there any time limits? Explain.
Are there any retake limits? Explain.
Where is the test taken and is it proctored?
Can quizzes be taken before training is complete? Explain.

Part 7. 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 course approval is granted, I understand such approval is only valid for three years and must be renewed to remain valid. If the course content changes, I agree to notify the board and understand a new application for course approval will be required.

I understand that at the conclusion of the course, all Iowa Plumbing & Mechanical Systems Board licensees must receive a certificate of completion and I agree to provide the required certificate. I understand that within 30 days of the conclusion of the course, I must also submit a course roster to the board office.

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: _____

Completed form & all required attachments should be submitted:

VIA Email to: PMSB@idph.iowa.gov   (preferred method)
   or
VIA Fax to: (515) 281-6114
   or
VIA Mail to: Plumbing & Mechanical Systems Board
            Iowa Department of Public Health
            321 E 12th St
            Des Moines, IA 50319