



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

Part 1. Course Information.

Name of Course:	
Is the course open to the public? <input type="radio"/> Yes <input type="radio"/> No	Cost: \$
Would you like the course information posted to the PMSB website? <input type="radio"/> Yes <input type="radio"/> No	
How long will the course last (total contact hours)?	

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.

<input type="radio"/> Safety	# of Safety Hours Requested:	
<input type="radio"/> State of Iowa Plumbing Code	# of Code Hours Requested:	
<input type="radio"/> State of Iowa Mechanical Code	# of Code Hours Requested:	
<input type="radio"/> Trade Discipline(s):		
<input type="radio"/> Plumbing	# of Hours Requested:	
<input type="radio"/> Mechanical	# of Hours Requested:	
<input type="radio"/> HVAC/R	# of Hours Requested:	
<input type="radio"/> Hydronics	# of Hours Requested:	
<input type="radio"/> Sheet Metal	# of Hours Requested:	
TOTAL Course Hours Requested:		

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: include PowerPoint slides and a list of books, references, tests, visual aids, or other materials that will be used in course.
- 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.

For Office Use Only:

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reviewed By: Date Reviewed:	Processed By:
Course Number:	Issue Date:	Expiration Date:
Notes:		

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 listing the instructor name(s) and PMSB instructor identification #.

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? <input type="radio"/> Sponsor <input type="radio"/> Instructor		

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 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