

## Iowa Plumbing & Mechanical Systems Board

Continuing Education Electronic/Online Course Renewal

This application must be submitted to the Plumbing & Mechanical Systems Board for **renewal of course approval**. This form is **only** valid for courses that have **not** changed content or materials since the original date of approval. If there are any changes to the course, you must submit a new application for course approval.

| Course Name:(Please Note: Only one course may be submitted per application form)         |                        |  |  |
|--|------------------------|--|--|
| Course Approval #: CEUL  | Course Expiration Date |  |  |
| Course Categories of Approval:   | Hours                  |  |  |
| <ul> <li>Iowa Plumbing Code</li> <li>Iowa Mechanical code</li> <li>Discipline</li> </ul> |                        |  |  |
| Plumbing   | Hours                  |  |  |
| Mechanical   | Hours                  |  |  |
| HVAC/R   | Hours                  |  |  |
| Sheet Metal  | Hours                  |  |  |
| Hydronics  | Hours                  |  |  |
| Cost: \$ Is the course open to the public?   |                        |  |  |
| Would you like the course information posted on our website? 🗌 Yes 🔲 No                  |                        |  |  |
| If yes, course website   |                        |  |  |
|  |                        |  |  |
| I verify there are no changes to the course content or materials and                     |                        |  |  |

| request renewal of the course approval. |            |  |      |  |
|---|------------|--|------|--|
| Printed Name of Person verifyin         | g renewal: | Signature of person verifying renewal: |      |  |
|   |            |  |      |  |
| Sponsoring Institution/Business         | Namo:      |  |      |  |
| sponsoning institution/Business         | name.      |  |      |  |
| Address:                                |            |  |      |  |
|   |            |  |      |  |
| City                                    | State:     |  | Zint |  |
| City:                                   | State.     |  | Zip: |  |
| Phone:                                  |            | Email:                                 |      |  |
|   |            |  |      |  |
|   |            |  |      |  |

The completed application must be submitted to: Iowa Department of Public Health Plumbing & Mechanical Systems Board 321 E 12th Street Des Moines, IA 50319

| For Office Use Only: | Processed by |  |
|----------------------|--------------|--|
| New CEUL#            |              |  |
| Date Issued:         |              |  |
| Date Expires:        |              |  |
| -                    |              |  |

Fax 515-281-6114 or Email: pmsb@idph.iowa.gov