

2019-2020
CONTINUING EDUCATION COURSE SPONSOR/INSTRUCTOR APPROVAL

THIS SECTION TO BE COMPLETED BY COURSE SPONSOR

COURSE SPONSOR: _____
SPONSOR CONTACT PERSON: _____ TELEPHONE: _____
FAX: _____ E-MAIL: _____ WEBSITE: _____
SPONSOR'S ADDRESS: _____
COURSE TITLE: _____ COURSE CONTACT HOURS: _____

1. COURSE DESCRIPTION:

Attach a detailed course description for the Board's review (i.e. course outline or syllabus, proposed course material, etc.) and

2. COURSE OBJECTIVES: (What will the qualified individual be able to gain from this course?)

3. SCHEDULE OF COURSES: (List dates, time and locations, if established.) If not established, dates, times, and locations may be submitted to the Boards Office by using your password and id provided on your approval letter and the Boards online service at www.ncbeec.org 60 (sixty) days prior to class.

4. COURSE FEE:

DATE _____ SIGNATURE _____
SPONSOR REPRESENTATIVE

THIS SECTION TO BE COMPLETED BY COURSE INSTRUCTOR

INSTRUCTOR'S NAME: _____ TELEPHONE: _____

INSTRUCTOR'S ADDRESS: _____

INSTRUCTOR'S EMAIL: _____

QUALIFICATIONS OF INSTRUCTOR:

1. List certification(s) you currently hold in accordance with Rule .1103(b) found on our website: www.ncbeec.org. Attach verification document(s) to this application. If previously submitted, initial here _____ and do not re-submit.

2. List other professional, trade or special qualifications that you may wish to be considered by the Board. Attach verification document(s) to this application. If previously submitted, initial here _____ and do not re-submit.

DATE _____ SIGNATURE _____
COURSE INSTRUCTOR

NOTE: SEPARATE FORMS MUST BE COMPLETED FOR COURSES HAVING MORE THAN ONE INSTRUCTOR.

(DO NOT WRITE BELOW THIS LINE - FOR BOARD USE ONLY)

APPROVED BY: _____ DATE: _____ CLASSIFICATION (S) _____

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COURSE TITLE: _____ COURSE CONTACT HOURS: _____

INSTRUCTOR'S NAME: _____ TELEPHONE: _____

INSTRUCTOR'S ADDRESS: _____

NOTE: SEPARATE FORMS MUST BE COMPLETED FOR COURSES HAVING MORE THAN ONE INSTRUCTOR.

I/We agree to offer continuing education courses in accordance with the Continuing Education Rules of the North Carolina *STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS* (hereafter referred to as the "Board") and request approval as an authorized course sponsor/instructor.

I/We plan to offer continuing education courses in one or more of the subject matters described in the Rules.

I/We also agree that I/We will not present a course for credit under the continuing education program in a subject matter other than those described in the Rules.

I/We agree to maintain such records as are necessary to clearly demonstrate that each course offered for credit complies with the Rules in effect at the time the course is presented and agree the class will be open to audit or attendance by Board and Staff Members. Some of the records needed include:

1. The date and location of the course.
2. Attendance roster for each course presented.
3. Approved written course outline.

I/We understand that the above records will be subject to review by the Board for a period of three years following the date of presentation and agree to make these records available to the Board during regular business hours.

I/We have read this agreement and the Board's Continuing Education Rules, and agree to comply with these terms.

DATE: _____ SIGNATURE: _____
SPONSOR REPRESENTATIVE

DATE: _____ SIGNATURE: _____
COURSE INSTRUCTOR