STATE OF IDAHO BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, PO Box 83720
BOISE, IDAHO 83720-0063

EDUCATION APPROVAL APPLICATION

This is a "request for approval" application for entry education or continuing education offerings not otherwise approved by the Board. It must be completed in its entirety. If additional space is needed, add separate pages and note the corresponding item number on your response. All advertisement brochures and/or promotional materials if used, must accompany the application. A course syllabus or outline, together with a copy of all training materials for any course listed, and a resume' listing the instructor's qualifications and affiliations must also accompany this application. Applications must be received well before the offering date to allow the Board adequate time to review the materials. **Check the Board Laws and Rules for applicable deadlines.** The Board may deny credit for any course that does not meet the requirements of Idaho Law or Rule. Please review the requirements before submitting your request.

Course, Seminar or Conference Title: _____

1. Sponsoring Organization or Institution: _____

2. Applicant Contact information:
   Name: _____

   Phone: _____ Fax: _____ E-mail: _____

   Address: _____
   Street City State Zip

3. Name of cosponsor (if applicable): _____

4. Date(s) and Locations of offerings:
5. From To Locations:

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

5. Fee to be charged: $_____ Fee includes: _____

6. What best identifies the educational experience?
   Lecture Conference Forum Workshop Home Study Distance Learning
   Other: _____

7. Provide the name of attendance officer, and the method of certifying/assuring attendance, and who maintains original attendance records for verification? (Attach a copy of the attendance certificate that will be provided to each attendee. The licensee is required to maintain proof of attendance.)
   _____

8. Is an examination part of the course? YES NO
   If YES, attach a description of the process.

9. Is a course evaluation form provided to attendees? YES NO
   If YES, attach a copy of the form.

10. Has this course been approved for education or CE credit by a local, state, or other entity YES NO
    If YES, enter name of approving entity and attach a copy of the approval document:
    _____

11. Attach a course agenda, a copy of all training materials, texts, videos, CDs, tapes, and a list of any equipment to be used. (Materials will be returned by request only after a course has been approved.)

12. Are any promotional publications or advertisements being used? ◯ YES ◯ NO
If YES, please attach one copy of each (final drafts are acceptable).

13. Does this course either promote a product or apparatus or offer such to those attending? ◯ YES ◯ NO
If YES, this must be explained on a separate attachment to this application and disclosed in any advertising.

14. Will those attending be given a product as a gift or at a reduced price? ◯ YES ◯ NO
If YES, please explain on a separate attachment to this application.

COURSE ADDENDUM

Complete the Course Program Addendum by listing the name(s) of instructor(s), exact hours per day each course is scheduled to run, the CEUs (or clock hours) being requested for approval, whether a course is relevant to one or more specific disciplines or license types, and whether or not approval for Pre-Licensure credit is being requested.

An instructor resume' (outlining their qualifications, education, experience, and license number) and course agenda must be submitted for each instructor and course listed. (Please list hours in full hours or by 15 minute increments) Note: Please use DW (Drinking Water), WW (Waste Water) or Both under relevancy.

Instructor Name	Course Title	Hrs.	CEUs	Relevancy

If you need additional space for more courses, please attach a separate listing that includes the requested information.

Upon completion, this application must be **printed in hard copy, signed, notarized, and sent** together with all of the requested supporting documentation to the Bureau of Occupational Licenses at the address noted.

EDUCATION APPROVAL APPLICATION AFFIDAVIT

I hereby certify that all information listed on this application and on the attached material is true and correct; that the proposed training is described accurately and completely; and that nothing has been omitted. I understand that the Board may request additional information and may delay or deny this application should requested information not be received.

Print name:_____ Title: _____

_____
Signature

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

_____
Notary Public official signature
My commission expires_____