



REQUEST FOR GRANTING CONTINUING EDUCATION CREDIT

Continuing Education Request Form, curriculum and copy of certificate shall be submitted to the Contractor Licensing Education Committee for approval.

CLASS INFORMATION (Required information)

Title (Course Name): \_\_\_\_\_
Required information (Use descriptive title and attach syllabus)

Code Reference: \_\_\_\_\_

Code Relationship: \_\_\_\_\_

Instructor: \_\_\_\_\_
PLEASE ATTACH RESUME Required Information (with Credentials, Background and Experience relating to Trade)

Sponsoring Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Fax No: ( ) \_\_\_\_\_

Location of Class: \_\_\_\_\_

Date of Class: \_\_\_\_\_ Hours of Instruction: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Date Mailed/Submitted: \_\_\_\_\_

APPLICANT:

Name: \_\_\_\_\_ License: # \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-Mail ADD: \_\_\_\_\_

Phone:( ) \_\_\_\_\_ Fax No: ( ) \_\_\_\_\_

NOTE: IF COPY OF THE SYLLABUS, SPECIFIC CODE REFERENCE AND INSTRUCTOR INFORMATION ARE NOT ATTACHED, THE REQUEST WILL BE RETURNED FOR COMPLETE INFORMATION!

The Contractor Licensing Review Board, Education Committee will review the submitted information and make a recommendation to the Contractor Licensing Review Board. The Contractor Licensing Review Board will make the final determination of the number of Continuing Education Units (CEU) to be assigned to a request within 60 days from the date the application is received.

Questions?? Contact Johnson County Contractor Licensing 913-715-2233 Fax 913-715-2232

TO BE COMPLETED BY THE JOHNSON COUNTY CONTRACTOR LICENSING REVIEW BOARD

Date: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Hours \_\_\_\_\_

Course Identification No. \_\_\_\_\_

Chairman

MAIL TO: Johnson County Contractor Licensing Program, 111 S. Cherry Street, Suite 1051. Olathe, Kansas, 66061 or E-MAIL ADDRESS: contractor.licensing@jocogov.org



Have you ever attended a Train-the-Trainer or similar type of course?  Yes  No

If yes, please indicate name of course, when and where you attended.

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Have you ever participated in training or course materials development?  Yes  No

If yes, please indicate what course(s).

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Have you ever served on a certification program development committee?  Yes  No

If yes please indicate type of program.

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Please check the box that best describes your Training/Teaching experience:

None  Less than 1 year  1-5 years  5-10 years  10+years

Please check the box that best describes your experience in Construction/Building

None  Less than 1 year  1-5 years  5-10 years  10+years

Please check the box that best describes your experience in Code Enforcement.

None  Less than 1 year  1-5 years  5-10 years  10+years

Please check the box that best describes the number of participants you have instructed in a single class.

None  Less than 20 participants  21-30 participants  31-100 participants

Area(s) of expertise:

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List Courses you are interested in teaching:

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