Minnesota Department of Labor & Industry Construction Codes and Licensing Division Licensing and Certification Services 443 Lafayette Road North

St. Paul, MN 55155

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Website: http://www.dli.mn.gov/ Phone: (651) 284-5034



CONTINUING EDUCATION SPONSOR COURSE APPROVAL APPLICATION

						Fee	IS \$2	0.00 per	nou	r or trac	ction	of an hou	r
						Total N	Numbe	r		Tota	I Fee	=	
MAKE CHECK OR MONEY ORDER PAYABLE TO:							of HOURS				(# x 20) \$		
MINNESOTA DEPARTMENT OF LABOR & INDUSTRY							SPACE IN BOX FOR OFFICE USE ONLY						
Course Fees are NONREFUNDABLE							Account # 632423 STK B42COURSE					OURSE	
		nt in INK or TYPE his application for y											
		Check Number			Amount Paid								
Please check the appropriate box(s) below to identify the regulated industry for which you are requesting approval:						oneck Number			7 mount raid				
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☐ Building Official	I	│	☐ Manufactured Home Installe				NOTICE: Pursuant to N			1	DLI	Deposit Date	!
☐ Electrical	_	Residential Building Contract			Statute § 604.113, chec								
☐ Elevator			Remodeler and Roofer			for nonpayment will be charged a							
Plumbing		☐ Wate	☐ Water-Conditioning Contractor			\$30 service Charge and may							
_			_			subject the issuer to additional civil							
						penalties.							
☐ This course is company sponsored. Do not post on website.						Application/Registration Number:							
Continuing Education						I							
1. The sponsor must	complete	, sign and date the	e course app	oroval ap	oplication.	The con	npleted	application	n inc	cludes co	pies (of all course	
materials (PowerPo													
fee. The completed								to the initi	al co	urse offe	ring c	late. Course	S
submitted less than 2. Attach a copy of the								amoto the	00115	oo and a	dotoil	lad	
agenda identifying					ziil liial Wiii	De use	u to pro	inole lile	Cour	se anu a	uetaii	ieu	
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reference the follow												,	
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PLU	IMBING		RESIDE	ENTIAL,	REMODELER, ROOFING WATER								
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SPONSOR ID # CONTACT PERSON				CONT	ACT TELE	PHONE NO			CONTACT EMAIL ADDRESS				
SPONSOR NAME SPONSOR TE				R TFI F	LEPHONE NO			SPONSOR EMAIL ADDRESS			SS		
SPONSOR ADDRES	38				CITY	STAT	F			715	COE)E	
OF ONGOIN ADDINE	50				OITT	OIAI	_			211	001	J.L	
COURSE TITLE					<u> </u>								
INTIAL COURSE DATE						FACILITY NAME (i.e. Country Inn & Suites)							
ADDDESO OF FACILITY													
ADDRESS OF FACILITY						CITY, STATE, ZIP CODE							

Are there are any new Instructors?								
Yes If Yes , the new instructor must complete the Education course instructor form and attach it to the course application form.								
☐ No If No , please complete the previously approved instructor's name, instructor ID and e-mail address below:								
Instructor Nan	ne	Instructor ID#	Instructor Email Address					
Instructor Nan	ie	Instructor ID#	Instructor Email Address					
Instructor Nan	ie	Instructor ID#	Instructor Email Address					
Instructor Name		Instructor ID#	Instructor Email Address					
Instructor Name		Instructor ID#	Instructor Email Address					
Instructor Name		Instructor ID#	Instructor Email Address					
 Certifications and Statements of Understanding I understand this course may not be advertised before approval unless the course is described in any advertising as "approval pending;" and that I must verbally notify licensees before commencement of this course if it has been denied credit, not approved for credit, or approved for partial credit. I understand the number of approved credit hours must be prominently displayed on any advertisement for this course; and if the course offering is longer than the number of approved credit hours, any advertisement must clearly state continuing education credit is not earned for the entirecourse. I understand that failing to have a qualified instructor teach an offering of this course, if approved, will result in the 								
 I certify that I am the approved sponsor and I am responsible for compliance with and will abide by the requirements of Minn. Stat. §§ 326B.091 – 326B.099 and all other relevant laws and rules pertaining to continuing education in the regulated industry. 								
I understand that pursuant to Minn. Stat. § 326B.099, subd. 5, the Department has the authority to perform continuing education audit without notice to ensure and verify compliance with the laws governing continuing education.								
inforn	I certify that I will notify the Department of Labor and Industry in writing within 10 days of any change in the information in this course application, if the course is approved, including any addition or change in the name(s) of instructors who will teach the course.							
consi reaso acces	I certify the course described in this application will be made available to persons with disabilities in a manner consistent with state and federal laws prohibiting discrimination against persons with disabilities. I further certify that reasonable modifications must be made in any policies, practices and procedures that might otherwise deny equal access to continuing education or professional development to individuals with disabilities pursuant to Minn. Stat. § 363A.43.							
• I certi	I certify all of the information submitted in this application is true, accurate, and complete.							

DATE

SIGNATURE OF SPONSOR CONTACT (mandatory)