



# Continuing Education Instructor Approval Application

Department of Consumer and Business Services

**Building Codes Division**

Mailing Address: P.O. Box 14470, Salem, OR 97304

1535 Edgewater St. NW, Salem, Oregon

Phone: 503-373-1268 • Web: [www.oregon.gov/bcd](http://www.oregon.gov/bcd)

Courses and instructors are approved for the duration of a code cycle.

Date received by BCD:

## INSTRUCTIONS

1. Print clearly.
2. Include all requested information.

An incomplete application may delay evaluation of your qualifications.

## INSTRUCTOR INFORMATION

Instructor name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Course/program title: \_\_\_\_\_

## QUALIFICATIONS

Please attach the following information:

- List of courses or subject matter you intend to teach
- Proof of your qualifications to teach the courses or subject matter you listed. Qualifications may include:
  - Appropriate license
  - Relevant degree
  - Other expertise

## DEPARTMENT USE ONLY

Courses or subject matter: \_\_\_\_\_

☐ Approved      Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Courses or subject matter: \_\_\_\_\_

☐ Denied      Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This form may be photocopied*