

# Continuing Education Course 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)

Date received by BCD:

## INSTRUCTIONS

**Two easy steps:** 1. Print clearly. 2. Include all requested information.  
**An incomplete application will delay evaluation of your course(s).**

Your contact information provided below will be published on the Building Codes Division website.

Company name: \_\_\_\_\_ Contact person: \_\_\_\_\_

Address (street or P.O. Box): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web address: \_\_\_\_\_

## COURSE INFORMATION

Course name: \_\_\_\_\_

Course approval requested for: ☐ Boiler ☐ Electrical ☐ Plumbing

Total course hours (minimum 2 hrs.): \_\_\_\_\_

Has BCD approved this course previously? ☐ No ☐ Yes If yes, year of approval: \_\_\_\_\_

Check the appropriate category:

☐ Code-change: Model Code only ☐ Oregon Rule and Law  
☐ Code-change: Model Code with Oregon Rule and Law materials ☐ Code -related

Course is offered (check all that apply):

☐ Live ☐ To the public  
☐ Online ☐ By correspondence

Please include the following:

- Brief description of the course.
- Detailed course outline, including:
  - Course content and time spent on each content area.
  - Course objectives.
  - Learning outcomes.
- Name or names of instructors and qualifications (Form 440-2505). Previously approved instructors do not need to resubmit instructor application.
- Course prerequisites, if any.
- For code-change courses, be sure to include:
  - A specific statement that the course meets the minimum code-change requirements for the license types in the matrix approved by the appropriate board.
  - Oregon rule and law will count toward the code-change hours requirement. Course contents must include permit process and requirements. Scope of work for specific license relevant to the course, and rule and law changes including alternate method ruling and changes.
- List of all program materials.

Are there limitations on who may attend? ☐ No ☐ Yes (specify): \_\_\_\_\_

*By my signature, I authorize the Oregon Building Codes Division to monitor and evaluate the continuing education course described in this application.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## DEPARTMENT USE ONLY

Application complete?..... ☐ Yes ☐ No\* Course information attached?..... ☐ Yes ☐ No

Course outline attached? ..... ☐ Yes ☐ No Course has division-approved instructor?..... ☐ Yes ☐ No

\* If application is not complete, return it to applicant for completion and resubmission.

☐ Approved from \_\_\_\_\_ to \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

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

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