



## Ohio Construction Industry Licensing Board

6606 Tussing Road, Reynoldsburg, OH 43068

(614) 644-3493 Fax (614) 728-1200

Email: [dic.ocilb@com.state.oh.us](mailto:dic.ocilb@com.state.oh.us)

Web Site: [www.com.state.oh.us/dic/dicocilb.htm](http://www.com.state.oh.us/dic/dicocilb.htm)

Ted Strickland  
Governor

Kimberly Zurz  
Director

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### **INSTRUCTION SHEET FOR THE O.C.I.L.B. CONTINUING EDUCATION COURSE APPLICATION**

#### **INCOMPLETE COURSE APPLICATIONS WILL NOT BE ACCEPTED**

- **Box 1** Approved training agency name, number, address & phone
- **Box 2** Course/Program information, fill in completely
  - **Outlines or syllabus required**
  - **Dates, times and locations are mandatory**
- **Box 3** Instructors information, fill in completely
  - **Attach bio or certifications for the instructor**
  - **If applying for health & safety please submit  
A copy of the instructors OSHA certification**
- **Box 4** Conflict of interest, fill in completely
- **Box 5** Contact person(s) for course sign up or information
- **Box 6** Read the OCILB rules listed on the application and **initial**
- **Box 7** Notarize application

**ATTACH ADDITIONAL INFORMATION AS REQUIRED TO THE APPLICATION  
AND SUBMIT THE COMPLETED APPLICATION TO THE  
O.C.I.L.B. 6606 TUSSING ROAD, REYNOLDSBURG, OHIO 43068.**

**R.C. SECTION 4740.04(G)(2)(e) STATES THAT EACH COURSE APPLICATION SHALL  
BE SUBMITTED WITH A NONREFUNDABLE \$10 PER COURSE, PLUS \$1 PER  
CREDIT HOUR FEE. PLEASE MAKE THE CHECK PAYABLE TO: TREASURER,  
STATE OF OHIO.**

**IT IS A CRIMINAL OFFENSE AND A VIOLATION OF R.C. 2921.13(a) TO MAKE A  
FALSE STATEMENT FOR THE PURPOSE OF MISLEADING A PUBLIC OFFICIAL.**



# OHIO CONSTRUCTION INDUSTRY LICENSING BOARD NEW CONTINUING EDUCATION COURSE APPLICATION

PLEASE TYPE OR PRINT

## 1. APPROVED TRAINING AGENCY

- Name \_\_\_\_\_ Agency Number \_\_\_\_\_
- Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

## 2. COURSE/PROGRAM INFORMATION

- License(s) to which this course will apply: (Check all that apply)  
A code course can only be applied to one trade (4101:16-2-01 of the OAC)  
 Electrical  
 Heating, Ventilation, Air Conditioning  
 Hydronics  
 Plumbing  
 Refrigeration
- Course subject is: **ONLY ONE SUBJECT AREA PER APPLICATION**  
 Business  Code  Health and Safety  Technology
- Course Title \_\_\_\_\_
- Course contact hours \_\_\_\_\_
- List the textbooks, student materials, and the educational objectives of this course:  
\_\_\_\_\_  
\_\_\_\_\_

\* **Attach a course outline or syllabus**

- Dates, times, and locations of this proposed course \_\_\_\_\_  
\_\_\_\_\_

What is the maximum number of individuals who will attend this course? \_\_\_\_\_

- What are the attendance or participation fees for this course?  
\_\_\_\_\_

\* **Enclose a sample of any proposed advertising.**

- Describe the physical facility in which this course will be offered and seating capacity:  
\_\_\_\_\_

## 3. DESIGNATED INSTRUCTOR'S INFORMATION

- Name \_\_\_\_\_
- Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_
- Current Occupation \_\_\_\_\_
- Field of Expertise \_\_\_\_\_
- Years of field experiences in the above subject area \_\_\_\_\_ (minimum 5 years)
- Years of teaching in the above subject area \_\_\_\_\_

\***Attach all proposed instructor qualifications and bio for this course application.**

