



Department of Commerce

Division of Industrial Compliance

John R. Kasich, Governor
Jacqueline T. Williams, Director

**OHIO CONSTRUCTION INDUSTRY LICENSING BOARD
CONTINUING EDUCATION COURSE APPLICATION**

OHIO ADMINISTRATIVE CODE 4101:16-2-04(2) STATES THAT COURSE APPLICATIONS MUST BE SUBMITTED NO LATER THAN THE TWENTIETH (20) OF THE MONTH PRIOR TO THE BOARD MEETING AGENDA. THE SECTIONS ARE SCHEDULED TO MEET THE FIRST WEEK OF THE FOLLOWING MONTHS (FEBRUARY, APRIL, JUNE, AUGUST, OCTOBER, and DECEMBER).

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

Be sure to include the following:

- Sample of any proposed advertisement
- Course outline and Syllabus
- Additional course offerings listed on last page of application
- Instructor qualifications and bio for this course application
- Page 3 MUST be Notarized
- Payment (see below)

OHIO REVISED CODE 4740.04(G)(2)(e) STATES THAT EACH COURSE APPLICATION SHALL BE SUBMITTED WITH A NONREFUNDABLE FEE OF \$10 AS WELL AS \$1 PER CREDIT HOUR FEE.

- **Credit Card payments**

Card Number: _____ Expiration Date: _____
 Name on the Card: _____ Phone # _____
 Amount Due: _____ Email: _____

- **If paying by check, make payable to: Treasurer, State of Ohio**

Check #: _____ Amount Due: _____

Mail entire packet to:

**Ohio Construction Industry Licensing Board
6606 Tussing Road., P.O. Box 4009
Reynoldsburg, Ohio 43068**

-or-

fax to: 614-232-9527

OHIO CONSTRUCTION INDUSTRY LICENSING BOARD NEW CONTINUING EDUCATION COURSE APPLICATION

(PLEASE TYPE OR PRINT)

APPROVED TRAINING AGENCY

Name _____ Agency Number _____
Address _____ City _____
State _____ Zip Code _____ Phone _____
Fax _____ Email _____
Website _____

COURSE / PROGRAM INFORMATION (COURSE OUTLINE and / or SYLLABUS MUST BE ATTACHED)

Electrical _____ HVAC _____ Refrigeration _____ Plumbing _____ Hydronics _____
Number of Course Contact Hours _____ (ONE SUBJECT PER AREA PER APPLICATION)
Course Subject: Business _____ Code _____ Health and Safety _____ Technology _____
Course Title _____
List the textbooks, student materials, and the educational objectives of this course: _____

****Additional Course Offerings (for the above course) MUST be listed on the last page of this application****

Date, time, and location of first course offering (only): **Date:** _____ **Time:** _____
Location: _____
Street _____ city _____ state _____ zip code _____
Maximum # of Attendees _____ Attendance or Participation fee for this course _____
Describe the physical facility in which this course will be offered and seating capacity: _____

Designated Instructor's Information: (Attach instructor qualifications and bio for this course application).

Name _____
Address _____
Street _____ city _____ state _____ zip code _____
Phone _____ Email Address: _____
Current Occupation _____ Field of Expertise _____
Years of Field Experiences in subject area (minimum 5 years): _____ Years of Teaching in subject area _____

CONFLICT OF INTEREST

Is there any conflict of interest with this instructor that may be of concern to the Ohio Ethics Commission and their advisory opinion 98-005? _____ Yes _____ No. (Ohio Administrative Code Section 4101:16-2-04(D))

CONTACT PERSON(S) FOR COURSE SIGN UP OR INFORMATION:

Name _____ Telephone _____

Email Address: _____

Name _____ Telephone _____

Email Address: _____

O.C.I.L.B. RULES

An individual must attend all hours of a continuing education course to receive credit. To be approved by the O.C.I.L.B. to conduct the above continuing education course, you shall agree to do all of the following:

1. When holding an approved OCILB course, you must verify the person in attendance is the license holder by checking a photo ID and the license card issued by the OCILB.
2. Furnish the attendance report required by **OCILB** within 14 business days of the completion of the course.
3. A classroom hour shall be no less than 50 minutes of classroom instruction. The remaining 10 minutes shall be used only for breaks or administrative duties of the Training Agency or instructor.
4. Let an **OCILB** authorized representative audit your course unannounced.
5. Notify the OCILB a minimum of 14 days prior of any course offering dates this includes any changes in times or location and cancellations.

I hereby acknowledge that I have read the law and rules governing training agencies and continuing education courses contained in Section 4740.05 of the Ohio Revised Code and Sections 4101:16-2-01 through 04 of the Ohio Administrative Code. I further agree to the following continuing education rules and acknowledge that failure to abide by the continuing education rules may result in the appropriate specialty section disapproval of my approved training status and/or course.

INITIAL HERE: _____

I solemnly swear that the answers and/or responses are complete and true.

Name of training agency _____

Name of applicant _____

Signature of applicant _____ Date: _____

Subscribed and duly sworn before me according to law; by the above named applicant this _____ day of _____,

20____, County of _____, State of _____.

Notary Public

My Commission Expires

FOR OFFICIAL USE ONLY:

Approved: HVAC _____ Refrigeration _____ Plumbing _____ Electrical _____ Hydronics _____

Denied: HVAC _____ Refrigeration _____ Plumbing _____ Electrical _____ Hydronics _____

Reason for Denial: _____

