

## CRITERIA FOR SUBMITTING CONTINUING EDUCATION COURSES FOR BOARD OF BUILDING STANDARDS CERTIFICATIONS

The Ohio Board of Building Standards approves Continuing Education Courses for building department personnel. The courses may be used for the attainment of goals that are connected with technical and professional development as they relate to enforcing and interpreting the Ohio State Building Codes. Board approval is granted only on course instruction pertaining to OBC, OMC, OPC, and RCO requirements and such other content areas directly related to the responsibilities of the certification for which credit is being requested.

**Instructors**: Anyone or any organization promoting an approved course, is required to make full and accurate disclosure regarding course title, course approval number, number of credit hours, certifications for which the BBS has approved the class, and fees in promotion materials and advertising. **The Board does not grant retroactive approval. It is recommended that courses be submitted for approval well in advance of any scheduling of classes and advertising**. Advertising shall not disclose improper approval information to the public.

**Course sponsors/co-sponsors:** proved participants a certificate of completion containing the following information: name of participant, title of approved courses, BBS approval #, BBS approved certifications, date of the continuing education program, number of approved credit hours awarded and signature of authorized sponsor or instructor.

Anyone or any organization administering an approved course shall provide the Board with advanced written information on scheduling of the course(s) (date and place) and provide to the Board a legible list of participants who completed the course with the name of course, date, and location.

**Participants**: Must attend the complete course as presented by the instructor to receive credit hours approved by the Board. No partial credit shall be given to any participant who failed to complete the entire course as approved. The sponsor/co-sponsor or instructor shall formulate a method to verify the individual's attendance and completion of the course.

**Board approval**: Remains in effect during the current code edition. Upon the Board's adoption of a new edition of the codes, course sponsors must update their course and submit to the Board for approval. The Board does not grant retroactive approval for courses presented prior to approval date.

**Facility/training area**: Shall be capable of comfortably and safely seating at least the number of attendees with writing surfaces for each attendee; accessible to/and usable for people with disabilities; sized and provided with audio/visual equipment adequate so that each attendee can see the instructor(s) and overhead screen and hear the content of the training programs; illuminated for writing and that the content on an overhead screen can be seen easily by all attendees; non-smoking in the training room; sound controlled so that outside noise will not interfere with the training.

## **APPLICATION**

**FOR** 

Completed Application:



## **Board of Building Standards** 6606 Tussing Road, P.O. Box 4009

Reynoldsburg, Ohio 43068-9009

(614) 644-2613 Fax: (614) 644-3147 dic.bbs@com.state.oh.us www.com.state.oh.us/dic/dicbbs.htm

Continuing Education Course Approval		COURSE SUBMITTER:	
		Course Submitter	
		Course Submitter: (Contact Name)	
Continuing education programs approved for education credit by the Ohio Board of Building Standards may be used for compliance with certification requirements related to code enforcement, plan review, and inspection responsibilities. The credit is to be used to renew the certifications issued by the		Organization:(Organization/Company)	
		(Organization/Company)	
		Address:(Include Room Number, Suite, etc.)	
		City: State: Zip:	
		E-Mail:	
		Telephone: Fax:	
	ng Standards pursuant to		
section 3781.10(E) OF	RC.	Course Sponsor:	
COURSE INFORMATION:			
COURSE IN ORDER THOSE.			
Course Title:			_
New Cou	rse Submittal: Upo	late Course: Prior Approval Number:	
	*		_
1 ur pose and Objecti	YC		_
			-
			_
			_
			_
Number of Instruction	nal Contact Hours that can	be obtained upon completion:	_
If Multi-Session, Num	ber of Instructional Conta	ct Hours Per Session:	
Program Applicable fo	or the Following Particing	nts•	
Program Applicable for the Following Participants:			
Building Official Master Plans Examiner Building Inspector Fire Protection Inspector Mechanical Inspector			
	Plumbing Plans Exam.	Plumbing Inspector	Ш
Electrical Plans Exam. Non-Res IU Inspector			. 🔲
	Mechanical Plans Exam.		
Res Building Official	Res Plans Examiner	Res Building Inspector Res Mechanical Inspector Res IU Inspector	
ites building Official		Res Building Inspector Res incentanear inspector Res to inspector	ш
Electrical Safety Inspector			
Location of ESI Course:	rs		
SUBMITTAL CHECKLIST:	rs	Date(s) of ESI Course(s):	_
	Make Sure all of the Following I		— Check
Course Submitter:	Make Sure all of the Following I	nformation is Submitted:	— Check Off
Course Submitter: Course Sponsor:	Make Sure all of the Following I	nformation is <b>Submitted</b> : heir certification numbers, organization, address, fax, phone	
Course Sponsor:	Make Sure all of the Following I	heir certification numbers, organization, address, fax, phone equesting the program (if any)	
Course Sponsor: Course Title:	Make Sure all of the Following Is  Name of contact person and to Organization sponsoring or re Name of course (related to co	nformation is <b>Submitted</b> : heir certification numbers, organization, address, fax, phone equesting the program (if any) ontent)	
Course Sponsor:	Make Sure all of the Following Is  Name of contact person and to Organization sponsoring or re Name of course (related to co Describe purpose and how co	heir certification numbers, organization, address, fax, phone equesting the program (if any)	
Course Sponsor: Course Title: Purpose/Objective:	Make Sure all of the Following In Name of contact person and the Organization sponsoring or resulting to the Name of course (related to contact person and how contact purpose and how contact instructional time and instructional t	heir certification numbers, organization, address, fax, phone equesting the program (if any) ontent)  ourse will improve competency of certification(s) listed	
Course Sponsor: Course Title: Purpose/Objective: Contact Hours:	Make Sure all of the Following In Name of contact person and the Organization sponsoring or resulting Name of course (related to concern Describe purpose and how concern Indicate instructional time and Check off each certification for the Pollowing Indicate instructional time and Check off each certification for the Pollowing Indicate instructional time and Check off each certification for the Pollowing Indicate I	heir certification numbers, organization, address, fax, phone equesting the program (if any) ontent) ourse will improve competency of certification(s) listed d credit requested in hours (e.g.: 0.5 hr, 1 hr, 3.5 hrs)	
Course Sponsor: Course Title: Purpose/Objective: Contact Hours: Participants:	Make Sure all of the Following In Name of contact person and the Organization sponsoring or real Name of course (related to contact person and how contact perso	heir certification numbers, organization, address, fax, phone equesting the program (if any) outent) ourse will improve competency of certification(s) listed d credit requested in hours (e.g.: 0.5 hr, 1 hr, 3.5 hrs) or which credit is requested (for which course relates to certification)	
Course Sponsor: Course Title: Purpose/Objective: Contact Hours: Participants: Content of Program:	Make Sure all of the Following In Name of contact person and the Organization sponsoring or result in Name of course (related to conclude the Describe purpose and how conclude the Indicate instructional time and Check off each certification for Include collated agenda, time Collated workbooks, handout	heir certification numbers, organization, address, fax, phone equesting the program (if any) ontent) nurse will improve competency of certification(s) listed d credit requested in hours (e.g.: 0.5 hr, 1 hr, 3.5 hrs) or which credit is requested (for which course relates to certification) schedule, course outline; list specific sections of code, references, and topics covered	

NOTE: The Board does NOT grant retroactive approval for courses presented prior to approval date.

Form: 1526 BBS 51023210