



**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 MISLEADING A PUBLIC OFFICIAL.**

- Be sure to include the following:**
- Sample of any proposed advertisement
  - Course outline and / or 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: 614-728-1200**

Ohio Construction Industry Licensing Board  
6606 Tussing Road  
PO Box 4009  
Reynoldsburg, OH 43068-9009 U.S.A.

Frank Alexander, Administrative Section Chairman  
An Equal Opportunity Employer and Service Provider

614 | 644 3493  
Fax 614 | 728 1200  
TTY/TDD 800 | 750 0750  
www.com.ohio.gov

# 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: \_\_\_\_\_

**OCILB 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:** \_\_\_\_\_

# Ohio Construction Industry Licensing Board

## Additional Course Offerings

Training Agency Number: \_\_\_\_\_  
Training Agency Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

### **Training Agency - ADDITIONAL COURSE OFFERINGS**

<b>Course Number</b>	<b>Date of Course</b>	<b>Start &amp; End Time</b>	<b>Total Hours</b>	<b>Location of Course: (street address, city, state, zip)</b>