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.

<table>
<thead>
<tr>
<th>Be sure to include the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sample of any proposed advertisement</td>
</tr>
<tr>
<td>• Course outline and Syllabus</td>
</tr>
<tr>
<td>• Additional course offerings listed on last page of application</td>
</tr>
<tr>
<td>• Instructor qualifications and bio for this course application</td>
</tr>
<tr>
<td>• Page 3 MUST be Notarized</td>
</tr>
<tr>
<td>• Payment (see below)</td>
</tr>
</tbody>
</table>

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)

DIC 3519
Rev 4/8/2015
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: __________________________________________________________________________
### Ohio Construction Industry Licensing Board

**Additional Course Offerings**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Date of Course</th>
<th>Start &amp; End Time</th>
<th>Total Hours</th>
<th>Location of Course: (street address, city, state, zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Ohio Department of Commerce**

**Continuing Education Course Application**

DIC 3519    Rev 4/8/2015