Ohio Construction Industry Licensing Board
Continuing Education Course Application

Ohio Administrative Code 4101:16-3-03(2) states course applications must be submitted no later than the 20th, 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 Ohio Revised Code (O.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 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 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, PO Box 4009
  Reynoldsburg, OH 43068
  -Or-
  Fax to: 614-728-1200
## 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:

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

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 (O.A.C. 4101:16-2-049(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 OCILB to conduct the above continuing education course, you shall agree to do all 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
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 laws and rules governing training agencies and continuing education courses contained in O.R.C. Section 4740.05 and O.A.C. Sections 4101:16-2-01 through 04. 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 __________________________