



## 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 20<sup>th</sup>, 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)

O.R.C. 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 \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY</b>	
<b>Approved</b>	HVAC _____ Refrigeration _____ Plumbing _____ Electrical _____ Hydronics _____
<b>Denied</b>	HVAC _____ Refrigeration _____ Plumbing _____ Electrical _____ Hydronics _____
<b>Reason for Denial</b>	_____