



**Board for Contractors**  
**EDUCATION PROVIDER REGISTRATION/COURSE APPROVAL APPLICATION**  
**INDIVIDUAL CERTIFICATION AND TRADESMAN**  
**VOCATIONAL & CONTINUING EDUCATION**  
**No Fee Required**

Select the action(s) you are requesting

|                                      |                          |
|--------------------------------------|--------------------------|
| <b>Initial Provider Registration</b> | <input type="checkbox"/> |
| <b>Course Approval Application</b>   | <input type="checkbox"/> |

1. Name of School/Provider \_\_\_\_\_
2. Board for Contractors Provider Registration Number (if already registered) 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
3. Street Address (PO Box not accepted) \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_
4. Mailing Address (PO Box accepted) \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_
5. E-mail Address \_\_\_\_\_
6. Web Address (if applicable) \_\_\_\_\_
7. Telephone and Facsimile Numbers \_\_\_\_\_ ( ) - \_\_\_\_\_ ( ) - \_\_\_\_\_  

Telephone
Facsimile
8. Type of school/provider (select only **one**)  
 Privately owned school/provider  
 Professional/Trade association  
 Other \_\_\_\_\_
9. School owner(s) - enter the name of the proprietor, partnership, association, limited liability company, or corporation \_\_\_\_\_
10. Name & Title of Contact Person \_\_\_\_\_
11. Telephone Number of Contact Person \_\_\_\_\_ ( ) - \_\_\_\_\_  

Telephone
12. Type of courses to be offered (select **all** that apply)  
 A.  Vocational Training  
 Select the subject area(s) (check all that apply).  

Journeyman Plumbing

Journeyman LP Gas Fitter

Journeyman Electrical

Journeyman NG Fitter Provider

Journeyman HVAC

Certified Elevator Mechanic

Journeyman Gas Fitter

Certified Water Well Systems Provider

Certified Backflow Device Prevention Device Worker

Address where electronic communication from the Board can be sent (an owner/manager e-mail address is acceptable).

| OFFICE USE ONLY | DATE RECEIVED | PROVIDER NUMBER | COMMITTEE RECOMMENDATION | BOARD ACTION | DATE |
|-----------------|---------------|-----------------|--------------------------|--------------|------|
|                 |               | 27              |                          |              |      |

B.  Continuing Education

Select the subject area(s) (check all that apply).

- Plumbing Code (for Journeyman/Master Plumbers) – Must be a minimum of 3 hours
- Mechanical Code (for Journeyman/Master HVAC) – Must be a minimum of 3 hours
- Electrical Code (for Journeyman/Master Electrical) – Must be a minimum of 3 hours
- Fuel/Gas Code (for Journeyman/Master Gas Fitters) – Must be a minimum of 1 hour
- Certified Elevator Mechanic                       Certified Water Well Systems Provider

13. Method of instruction (select **all** that apply)

- Classroom
- Correspondence                      **Correspondence and other distance-learning (non-classroom) must include appropriate testing procedures to verify successful course completion**
- On-line
- Other distance learning, describe \_\_\_\_\_

14. Course Information – Attach additional pages if more space is needed.

| Course Name | Contact Hours | Subject (from item #12)<br><small>(provide for each course listed)</small> | OFFICE USE ONLY |              |
|-------------|---------------|--|-----------------|--------------|
|             |               |  | Course Number   | Credit Hours |
| _____       | _____         | _____  | _____           | _____        |
| _____       | _____         | _____  | _____           | _____        |
| _____       | _____         | _____  | _____           | _____        |

15. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board’s decision to approve this application. I certify that the provider has complied with all the laws of Virginia related to the education requirements under the provisions of Title 54.1, Chapter 11 of the *Code of Virginia*, the *Board for Contractors Regulations*, and the *Board for Contractors Individual License and Certification Regulations*.

Responsible Manager’s Name (Printed) \_\_\_\_\_ Title \_\_\_\_\_  
 Responsible Manager’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**REQUIRED ATTACHMENTS FOR EACH COURSE**

The following attachments must be provided for each course. Please include a spacer page to label each attachment according to the number listed below. For example, “Attachment #1: Course Syllabus”; Attachment #2: Instructor Information”; etc. Please note that the information listed below is required, and applications that do not contain all of the required attachments, in the format and order listed below, will be returned.

- **Attachment # 1: Course Syllabus** – The course syllabus lists the purpose of the course and the main topics covered in the course. This includes any specific code sections to be discussed in the continuing education course. Vocational training courses should include a detailed curriculum for the training program. Backflow prevention device worker vocational training programs must include instruction in a wet lab as part of the syllabus.
- **Attachment # 2: Instructor Information** – List all instructors for the course with applicable Virginia Tradesman, Individual Certification, or Contractor license numbers (if available). In addition, a one-page resume with appropriate teaching and technical experience must be included for each instructor.
- **Attachment # 3: Course Materials and Fees** – Information pertaining to any materials used or distributed during the course, including books, handouts, pamphlets, and slide presentations/overheads. If the materials are “custom” information, i.e. developed by the provider, please provide a copy. If you will be using materials developed by an outside source, please provide detailed information about the publication. A copy of the materials may be requested. Please provide the fees that will be assessed for the course and whether or not the fees include any materials for the course and, if not, the materials that students are required to furnish.
- **Attachment # 4: Schedule of Course Dates and Locations** – Provide information pertaining to the anticipated schedule and location(s) for the course. If you have not developed a schedule, please provide an anticipated start date for the program. Please note that you must provide the Board office with a final schedule and location(s) prior to holding the class.
- **Attachment # 5: Course Completion Certificate** – If students will be provided with a certificate of completion at the end of the course, please provide a copy marked “sample.”
- **Attachment # 6: Online/Correspondence Course Information** – If an online or correspondence course, please provide information on the security procedures to be utilized. In addition, provide information on the test that will be given at the end of the course and security related to the test. Online providers must provide the website address,

user ID, and password to be utilized by the Board during the review process in order to access your course. Correspondence course providers must provide a copy of the packet that will be distributed to students.