



Board for Contractors
EDUCATION PROVIDER REGISTRATION/COURSE APPROVAL APPLICATION
No Fee Required

Select the action(s) you are requesting.

X	Registration Type:
<input type="checkbox"/>	Initial Provider Registration & Course Approval
<input type="checkbox"/>	Course Approval Application

1. Name of Provider _____
2. VA Contractor's Education Provider Registration Number (if applicable)

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3. Mailing Address (PO Box accepted) _____
 If a mailing address is submitted, the mailing address will be printed on the license.
 City _____ State _____ Zip Code _____
4. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.
PHYSICAL ADDRESS REQUIRED

 City _____ State _____ Zip Code _____
5. Email Address _____
 (Email address are used for electronic communication from the Board. Owner/manager e-mail address are acceptable.)
6. Web Address _____
7. Contact Numbers _____
 Primary Telephone _____ Alternate Telephone _____ Fax _____
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 and Title of Contact Person _____
11. Contact Person's Telephone Numbers _____
 Primary Telephone _____

12. Type of course to be offered (select **all** that apply)

- A. Contractor Pre-License Education
- B. Remedial Education
- C. Individual Vocational Training - (select all that apply)
 - Plumbing
 - Electrical
 - HVAC
 - Gas Fitter
 - Liquefied Petroleum Gas Fitter
 - Natural Gas Fitter Provider
 - Certified Elevator Mechanic
 - Certified Water Well Systems Provider
 - Certified Accessibility Mechanic
 - Certified Backflow Device Prevention Device Worker
- D. Continuing Education - (select all that apply)
 - Plumbing
 - HVAC/ Mechanical
 - Electrical
 - Gas Fitter
 - Certified Elevator Mechanic
 - Certified Water Well Systems Providers
 - Liquefied Petroleum Gas Fitter
 - Natural Gas Fitter Provider
 - Certified Accessibility Mechanic

13. Method of Instruction (select all that apply)

- Classroom
- Correspondence
- On-line
- Other distance learning, please describe _____

14. Course Information

Course Name	Course Hours	Subject (From items listed in #12; provide for each course listed)	OFFICE USE ONLY (COURSE NO.)	(Credit Hours)

15. Instructor Information. Attach a resume for each instructor listed below.

Instructor's Name	Title	Phone Number

16. 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 Licensing and Certification Regulations.*

Responsible Manager (RM)

Print Name _____ Date _____

Signature _____

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 numbers listed below.

- **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.