

FOR BOARD USE
Date & Approval by:

Areas Approved:

B E F
 M P L&A

Sponsor # _____

Course # _____

Instructor # _____

Credit Hrs.: _____

**NORTH CAROLINA CODE OFFICIALS
QUALIFICATION BOARD**

1202 Mail Service Center
Raleigh, NC 27699-1202
919-661-5880 Fax 919-661-3193
<http://www.ncdoi.com>

**CONTINUING EDUCATION COURSE
SPONSOR APPLICATION**

Please read the "Continuing Education Administrative Rules" in their entirety prior to completing this application.

Complete and submit with this form a Continuing Education Course Application for each course proposed to be offered by the applicant and Course Instructor Application for each Instructor.

1. **Legal Name of Applicant** _____

2. **Assumed Business Name** _____
[Provide the official name to be used in connection with offering continuing education courses if different from legal name.]

3. **Address** _____
(Provide Street Address or P.O. Box)

_____ (City) _____ (State) _____ (Zip) (____) _____ (Daytime Phone)

4. **Continuing Education Coordinator** _____ Phone (____) _____

Email: _____

[Name the individual responsible for coordinating all the sponsor's continuing education courses and for complying with the requirements prescribed in Rule .11 NCAC 08 .0718

5. **Type of Business Entity** [Indicate the applicant's legal form of business and check all that apply.]

Association Community College College/University Corporation

Licensed Private Business School Inspection Department Certified NC Qualification Board Instructor

Other [Specify] _____

6. **Owners of Business** [Provide the name(s) of the primary owners of the business. Indicate "N/A" if the applicant is a licensed or accredited educational institution or a non-profit entity. Attach additional sheet if needed.]

Name

Name

Name

Name

7. Has any person listed in Items 1, 4, or 6 above ever been convicted of any felony conviction YES NO
 [If "YES" attach a statement providing full details.]

8. Has any person (or other entity) listed in Items 1, 4, or 6 above ever had a business or professional license of any type denied, revoked or suspended in this or any other state or country? [If "Yes", attach a statement providing full details.] YES NO

9. **Out-of-State Sponsor** (An applicant with an out-of-state business address or residence address (or residence if a proprietor with no separate place of business) must submit a completed "Consent to Service of Process and Pleadings" form.)

10. **Name(s) of Proposed Course(s)**
 [Attach a Course Application form for each course the applicant wishes to sponsor. List the names of the course(s) in the space provided below. Attach additional sheet if needed.]

11. **Signature and Certification of Applicant**

I hereby certify that all information submitted in connection with this application is accurate to the best of my knowledge and belief.

I further certify that the applicant and all persons in its employ will fully comply with the requirements of the North Carolina Qualification Board regarding the conduct of continuing education courses.

I further certify that, except for obtaining approval of the North Carolina Qualification Board to conduct code-related, continuing education courses, the applicant has complied with all legal requirements to engage in business in North Carolina.

 Name

 Title

 Signature

 Date

Application must be signed by the owner, designee of a technical association or Chief Code Enforcement Officials from an inspection department. If applicant is an accredited community college or college/university, the application must be signed by the vice-president or dean responsible for the institution's continuing education program (or by the institution's president).