

**NORTH CAROLINA
HOME INSPECTOR LICENSURE BOARD**
1202 Mail Service Center
Raleigh, NC 27699-1202
919-662-4480

FOR BOARD USE
Date: _____
Comment: _____

**CONTINUING EDUCATION UNAPPROVED ELECTIVE COURSE
APPLICATION**

General Instructions: Current or former license holders wishing to obtain continuing education credit for a course that is not approved by the Board must make application on this form. The application must be typed or printed in ink.

1. **Application Fee:** A nonrefundable fee of \$50.00 must be submitted with this request for continuing education credit. *The maximum number of credit hours that may be awarded for an elective course is four credit hours.*

2. **Name of Licensee** _____

3. **Address** _____
(Provide Street Address and also P.O. Box if any & include zip for both)

(City)	(State)	(Street Address Zip)	(P.O. Box Zip)	(_____) (Phone)
(E-mail)	(County)		(_____) (Fax)	

Elective Course Subject Matter

Elective courses shall directly contribute to accomplishment of the primary purpose of mandatory continuing education, which is to help assure that licensees possess the knowledge, skills, and competence necessary to function in the home inspection profession in a manner that protects and serves the public interest. The knowledge or skills taught in an elective course shall enable licensees to better serve their clients and the subject matter shall be directly related to the home inspection profession. Examples of acceptable subject matter include rules adopted by the Board, including the Standards of Practice and Code of Ethics for home inspections, which are found in 11 NCAC 08.1100; G.S. 143, Article 9F; construction techniques; construction materials; residential environmental issues; residential mechanical systems and components; residential structural systems and components; and business administration or management. If there are unique North Carolina laws, rules, or customary practices that relevant to a topic being addressed in an elective course, and if the course is to be conducted in North Carolina or primarily for the benefit of North Carolina licensees, then the course shall accurately and completely address such North Carolina laws, rules, or practices.

4. **Course Title** _____

5. **Number of Classroom Hours** _____ **Date Taken** _____

6. **Name of Instructor** _____

7. **Course Sponsor Name** _____

8. **Address** _____
(Provide Street Address and also P.O. Box if any & include zip for both)

(City) (State) (Street Address Zip) (P.O. Box Zip) (_____) (Phone)

(E-mail) (County) (_____) (Fax)

Attach a copy of the course outline with this application.

NOTE: THE BOARD RESERVES THE RIGHT TO REQUEST ADDITIONAL DOCUMENTATION TO SUPPORT ANY REQUEST.

Signature and Certification of Licensee

I hereby certify that the information in this application is true and correct to the best of my knowledge. I understand that any omission, inaccuracy or failure to make full disclosure constitutes grounds for denial of equivalent continuing education credit.

(Name) (License Number)

(Signature) (Date)