



CC0509

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## CONTINUING EDUCATION SPONSOR COURSE APPROVAL APPLICATION

**MAKE CHECK OR MONEY ORDER PAYABLE TO:  
 MINNESOTA DEPARTMENT OF LABOR & INDUSTRY  
 Course Fees are NONREFUNDABLE**  
 Print in INK or TYPE  
 Make a copy of this application for your records

Please check the appropriate box(s) below to identify the regulated industry for which you are requesting approval:

- |                                                                                                                                                             |                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Building Official<br><input type="checkbox"/> Electrical<br><input type="checkbox"/> Elevator<br><input type="checkbox"/> Plumbing | <input type="checkbox"/> Manufactured Home Installer<br><input type="checkbox"/> Residential Building Contractor, Remodeler and Roofer<br><input type="checkbox"/> Water-Conditioning Contractor |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

This course is company sponsored. Do not post on website.

<b>Fee is \$20.00 per hour or fraction of an hour</b>			
Total Number of HOURS _____		Total Fee = (# x 20) \$ _____	
<b>SPACE IN BOX FOR OFFICE USE ONLY</b>			
Account # <b>632423</b>		STK <b>B42COURSE</b>	
<b>Check Number</b>		<b>Amount Paid</b>	
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO		DLI Deposit Date	
<b>NOTICE:</b> Pursuant to Minnesota Statute § 604.113, checks returned for nonpayment will be charged a \$30 service Charge and may subject the issuer to additional civil penalties.			
<b>Application/Registration Number:</b>			

**Continuing Education Hours Instructions**

- The sponsor must complete, sign and date the course approval application. The completed application includes copies of all course materials (PowerPoint slides, student handbook, workbook, and any other materials distributed during the course) and the required fee. The completed application must be submitted to the Department at least 30 days prior to the initial course offering date. Courses submitted less than 30 days before the initial course offering date are subject to denial.
  - Attach a copy of the course completion certificate, the advertisement that will be used to promote the course and a detailed agenda identifying the time periods for instruction and all breaks.
- If this is an Internet course, you must submit the IDECC approval with this application. For more information regarding the IDECC, please reference the following web-sites: <https://www.iacet.org/> [www.idecc.org/content.cfm?page=AboutIDECC](http://www.idecc.org/content.cfm?page=AboutIDECC)

BUILDING OFFICIALS CE HOURS	ELECTRICAL CE HOURS		ELEVATOR CE HOURS		MANUFACTURED INSTALLERS CE HOURS	
	Code	Non Code	Elevator Code	Electrical Code	HUD	Non Code

PLUMBING CE HOURS		RESIDENTIAL, REMODELER, ROOFING CE HOURS			WATER CONDITIONING CE HOURS	
Code	Non Code	Energy	Business Mgmt	Non Code	Code	Non Code

SPONSOR ID #	CONTACT PERSON	CONTACT TELEPHONE NO	CONTACT EMAIL ADDRESS
SPONSOR NAME		SPONSOR TELEPHONE NO	SPONSOR EMAIL ADDRESS
SPONSOR ADDRESS		CITY STATE	ZIP CODE
COURSE TITLE			
INITIAL COURSE DATE		FACILITY NAME (i.e. Country Inn & Suites)	
ADDRESS OF FACILITY		CITY, STATE, ZIP CODE	

Are there any new Instructors?

Yes If **Yes**, the new instructor must complete the Education course instructor form and attach it to the course application form.

No If **No**, please complete the previously approved instructor's name, instructor ID and e-mail address below:

Instructor Name	Instructor ID#	Instructor Email Address
Instructor Name	Instructor ID#	Instructor Email Address
Instructor Name	Instructor ID#	Instructor Email Address
Instructor Name	Instructor ID#	Instructor Email Address
Instructor Name	Instructor ID#	Instructor Email Address
Instructor Name	Instructor ID#	Instructor Email Address
Instructor Name	Instructor ID#	Instructor Email Address

### Certifications and Statements of Understanding

- I understand this course may not be advertised before approval unless the course is described in any advertising as "approval pending;" and that I must verbally notify licensees before commencement of this course if it has been denied credit, not approved for credit, or approved for partial credit.
- I understand the number of approved credit hours must be prominently displayed on any advertisement for this course; and if the course offering is longer than the number of approved credit hours, any advertisement must clearly state continuing education credit is not earned for the entire course.
- I understand that failing to have a qualified instructor teach an offering of this course, if approved, will result in the immediate loss of course approval.
- I certify that I am the approved sponsor and I am responsible for compliance with and will abide by the requirements of Minn. Stat. §§ 326B.091 – 326B.099 and all other relevant laws and rules pertaining to continuing education in the regulated industry.
- I understand that pursuant to Minn. Stat. § 326B.099, subd. 5, the Department has the authority to perform continuing education audit without notice to ensure and verify compliance with the laws governing continuing education.
- I certify that I will notify the Department of Labor and Industry in writing within 10 days of any change in the information in this course application, if the course is approved, including any addition or change in the name(s) of instructors who will teach the course.
- I certify the course described in this application will be made available to persons with disabilities in a manner consistent with state and federal laws prohibiting discrimination against persons with disabilities. I further certify that reasonable modifications must be made in any policies, practices and procedures that might otherwise deny equal access to continuing education or professional development to individuals with disabilities pursuant to Minn. Stat. § 363A.43.
- I certify all of the information submitted in this application is true, accurate, and complete.

**SIGNATURE OF SPONSOR CONTACT** (mandatory)

**DATE**