

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

Select the action(s) you are requesting.

<input checked="" type="checkbox"/>	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)
The mailing address will be printed on the license.

City _____ State _____ Zip Code _____
4. Street Address (PO Box not accepted)
PHYSICAL ADDRESS REQUIRED

☐ Check here if Street Address is the same as the Mailing Address listed above.

City _____ State _____ Zip Code _____
5. Contact Numbers

Primary Telephone _____ Alternate Telephone _____ Fax _____
6. Email Address

Email address is considered a public record and will be disclosed upon request from a third party.
7. Web Address

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. Contact Person - Name and Title _____
11. Contact Person's Telephone Numbers _____
Primary Telephone _____
12. Method of Instruction (select **all** that apply)
☐ Classroom
☐ Correspondence
☐ Online
☐ Virtual
☐ Other distance learning, please describe: _____

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

- ☐ A. Pre-License Education - Contractor Pre-License Education Course
- ☐ B. Individual Vocational Training - (select **all** that apply)
- | | |
|---|---|
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Certified Elevator Mechanic |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Certified Water Well Systems Provider |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Certified Accessibility Mechanic |
| <input type="checkbox"/> Gas Fitter | <input type="checkbox"/> Certified Backflow Device Prevention Device Worker |
| <input type="checkbox"/> Liquefied Petroleum Gas Fitter | <input type="checkbox"/> Residential Building Energy Analyst |
| <input type="checkbox"/> Natural Gas Fitter Provider | |
- ☐ C. Continuing Education - (select **all** that apply)
- | | |
|--|---|
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Certified Water Well Systems Providers |
| <input type="checkbox"/> HVAC/ Mechanical | <input type="checkbox"/> Liquefied Petroleum Gas Fitter |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Natural Gas Fitter Provider |
| <input type="checkbox"/> Gas Fitter | <input type="checkbox"/> Certified Accessibility Mechanic |
| <input type="checkbox"/> Certified Elevator Mechanic | <input type="checkbox"/> Residential Building Energy Analyst |

14. Course Information

Course Name	Course Hrs.	List each Course Subject (Select from #13 above)	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. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.

- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession 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*.

Owner (Responsible Manager) Signature:

Print Name _____ Title _____

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 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.