

7. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

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

9. Contact Person Name and Title _____
Name Title

10. Contact Person's Telephone Numbers _____
Primary Telephone

11. Course Title _____

12. Type of Course to be offered: (Select all that apply)
 Pre-license Training Course or Continuing Education Course

13. The course attendees will be trained for which license classification? (Only one course approval per application.)
 Class I Class II Class III Class IV

14. Method of Instruction (Select all that apply)
 Classroom Correspondence
 Online Other Distance Learning (describe): _____

15. How many contact hours will the course offer? _____

16. Will this course be offered more than one time?
No If no, provide the scheduled course date: _____
Yes If yes, provide the date(s) and time the course(s) will be offered: _____

17. Location(s) where course(s) will be taught:

18. Instructor Information: Attach a resume for each instructor listed below to include, but not limited to their education, training background, and a list of other appropriate trade designations or training certifications.

| Instructor's Name | License No (if applicable) | Phone Number | Resume Attached? |
|-------------------|----------------------------|--------------|------------------------------|
| | | | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> Yes |

19. How will satisfactory completion of this course be determined? (Select all that apply)
Attendance Site Visits
Examination Skill Demonstrations
Others Please list: _____

20. *I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve this application.*

Print Name of Contact Person _____

Signature of Contact Person _____ Date _____

Required Attachments

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.