

Institution	Class Start Date	Class End Date	Course Title	Course Number	Instructor	Credits Earned	Grade

9. **TRAINING SUBSTITUTION**

- A. Please list any board-approved training course which is relevant to the category or classification of the license being applied for. ♦
- B. One month of experience may be awarded for each training credit completed.
 - ♦ To receive experience substitution for training credits completed, you must attach copies of all training certificates even if submitted with any previous applications.

Training Provider	Training Course Title	Training Dates	Instructor	Provider's Address	Provider's Telephone No.

10. Signature _____ Date _____