



Iowa Plumbing & Mechanical Systems Board

Application for Continuing Education Course Approval

This application must be submitted to the Plumbing & Mechanical Systems Board as part of the application for course approval.

Iowa Department of Public Health
Plumbing & Mechanical Systems Board
321 E 12th Street
Des Moines, IA 50319

Course Name: _____

Please Note: Only 1 course may be submitted per application form.

Course Contents:

Mark all categories course content will cover and actual classroom hours.

- Safety – _____ Hours (Ex: Iowa Occupational Safety & Health Act, First Aid, CPR, AED Training cards)
- State of Iowa plumbing code update – _____ Hours
- State of Iowa mechanical code update – _____ Hours
- Discipline
- Plumbing – _____ Hours
 - HVAC – _____ Hours
 - Refrigeration – _____ Hours
 - Hydronics – _____ Hours

Cost: \$ _____

Is the course open to the public? Yes No

Would you like the course information posted on the Iowa Department of Public Health website?
 Yes No

Additional Required Information (attach to this application)

1. Course Outline: attach course outline or give a general description of the course content
2. Materials/ Visual Aids – include test and references that will be used in course.
3. Schedule of Courses – include proposed scheduled locations, dates and times
4. Course Contact Information – provide contact information that may be distributed by the Plumbing and Mechanical Systems Board to licensees interested in taking this course.
5. Certificate of Completion: attach a copy of the proposed certificate
6. Course Roster: attach a copy of the proposed course roster

Instructor for Course:		
PMSB Instructor ID Number:		
Address One:		
Address Two:		
City:	State:	Zip Code:
Phone:	E-mail Address:	
Sponsoring Institution/Business Name:		
Address One:		
Address Two:		
City:	State:	Zip Code:
Phone:	E-mail Address:	

*Additional instructor information can be added at the end of the application.

The completed application must be submitted to:

Iowa Department of Public Health
 Plumbing & Mechanical Systems Board
 321 E 12th Street
 Des Moines, IA 50319

For Office Use Only <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reviewed By: _____ Date Reviewed: _____
Course Number: _____	Processed by: _____ Date: _____
Additional Notes: 	

If other instructors will be teaching this course, please include the names below. Additional sheets may be attached as needed.

Name of Course:		
Instructor for Course:		
PMSB Instructor ID Number:		
Address One:		
Address Two:		
City:	State:	Zip Code:
Phone:		E-mail Address:
Sponsoring Institution/Business Name:		
Address One:		
Address Two:		
City:	State:	Zip Code:
Phone:		E-mail Address:

Name of Course		
Instructor for Course:		
PMSB Instructor ID Number:		
Address One:		
Address Two:		
City:	State:	Zip Code:
Phone:		E-mail Address:
Sponsoring Institution/Business Name:		
Address One:		
Address Two:		
City:	State:	Zip Code:
Phone:		E-mail Address: