



Iowa Plumbing & Mechanical Systems Board

Application for Continuing Education Electronic Learning Course Renewal

This application must be submitted to the Plumbing & Mechanical Systems Board for **renewal notification**. This form is **only** valid for courses that have **not** changed content, materials or instructor(s) since the original date of approval. If there are any changes to the course please use the Course Approval Application.

Course Name: _____

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

Type of Electronic Training:

- CD-ROM/ DVD Training
 On-line Internet Training
 Video Based Training
 Other – _____

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

Person Authorized to Monitor & Verify Attendance/Course Completion (Required)		
The authorized person listed below is required to submit a course completion roster to the Iowa Plumbing and Mechanical Systems Board within 30 days from the date of completion of a course. If any course changes occur, it is the authorized person's responsibility to inform the Board.		
Last Name:		First Name:
Title:		
Mailing Address One:		
Mailing Address Two:		
City:	State:	Zip:
Daytime Phone:		Email:
Signature:		Date Signed:

Course Information (If applicable)		
Name of Organization/Institution/Developer of course:		
Contact Person:		
Mailing Address One:		
Mailing Address Two:		
City:	State:	Zip:
Phone:	Email:	

Sponsoring Institution/Business for Course (If applicable)		
Sponsor Institution/Business Name:		
Sponsor Contact Person Last Name:	First Name:	
Mailing Address One:		
Mailing Address Two:		
City:	State:	Zip:
Phone:	Email:	

Instructor information (If applicable)		
Instructor Name:		
PMSB Instructor ID #:		
Mailing Address One:		
Mailing Address Two:		
City:	State:	Zip:
Phone:	Email:	

Additional Required Information (attach to this application)

1. Course Outline: attach course outline or give a general description of the course content
2. Brief Summary of the Training Product
3. Qualifications and Resumes of Training Designers
4. Copy of CD-ROM/ DVD/ Visual Aids/ or materials – include test and references that will be used in course.
5. Schedule of Courses – include scheduled location, dates and times course is available.
6. Course Contact Information – provide contact information that may be distributed by the Plumbing and Mechanical Systems Board to licensees interested in taking this course.
7. Certificate of Completion: attach a copy of the proposed certificate
8. List of any other States that have approved this Course
9. Cost of Electronic Training Course

List a minimum of three people of varying backgrounds along with a summary of their credentials, who have reviewed the product. (Attach extra sheets if needed):

1. Name: _____
Credentials: _____

2. Name: _____
Credentials: _____

3. Name: _____
Credentials: _____

How long did it take each person listed above to complete the course?

1. _____
2. _____
3. _____

On average how long does it take a person to complete the course?

How is individual course registration tracked? _____

What security procedures are used to verify course attendance? _____

How are contact hours tracked? _____

Who will track and report the Continuing Education Credit hours? _____

How will this reporting be done? _____

Is there a person registered who will proctor the student taking the course?

Testing Procedures

a) What are the testing procedures? _____

b) Are there any time limits? _____

c) Are there any retake limits? _____

d) Is the course proctored? _____

e) Where is the test taken? _____

f) Can quizzes be taken before training is complete? _____

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