

## Continuing Education/Course Approval Request

List all proposed course work, attach the course description/syllabus for EACH class, submit to your Compliance Case Manager (CCM) via email, mail, or fax. Note: If you have to complete this requirement for more than one Board, use a separate form for each Board.

Licensee Name: \_\_\_\_\_

License No.: \_\_\_\_\_

License Type: \_\_\_\_\_

License No.: \_\_\_\_\_

License Type: \_\_\_\_\_

| Continuing Education/Course Required<br>Per Board Order                     | Proposed Course Information   |
|---|---|
| <p>(1)</p> <p>Subject _____</p> <p>Number of Hours/Units required _____</p> | <p>(1)</p> <p>Course Title _____</p> <p>Provider _____</p> <p>Number of Hours/Units _____</p> <p>Is this a board approved provider listed in the regulations?<br/> <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Is the course description/syllabus attached? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Online Course    or    <input type="checkbox"/> In-person Course</p> |
| <p>(2)</p> <p>Subject _____</p> <p>Number of Hours/Units required _____</p> | <p>(2)</p> <p>Course Title _____</p> <p>Provider _____</p> <p>Number of Hours/Units _____</p> <p>Is this a board approved provider listed in the regulations?<br/> <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Is the course description/syllabus attached? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Online Course    or    <input type="checkbox"/> In-person Course</p> |
| <p>(3)</p> <p>Subject _____</p> <p>Number of Hours/Units required _____</p> | <p>(3)</p> <p>Course Title _____</p> <p>Provider _____</p> <p>Number of Hours/Units _____</p> <p>Is this a board approved provider listed in the regulations?<br/> <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Is the course description/syllabus attached? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Online Course    or    <input type="checkbox"/> In-person Course</p> |

| Continuing Education/Course Required<br>Per Board Order                     | Proposed Course Information   |
|---|---|
| <b>(4)</b><br><br>Subject _____<br><br>Number of Hours/Units required _____ | <b>(4)</b><br><br>Course Title _____<br>Provider _____<br>Number of Hours/Units _____<br>Is this a board approved provider listed in the regulations?<br>_____ Yes      _____ No<br>Is the course description/syllabus attached? _____ Yes      _____ No<br>_____ Online Course      or      _____ In-person Course |
| <b>(5)</b><br><br>Subject _____<br><br>Number of Hours/Units required _____ | <b>(5)</b><br><br>Course Title _____<br>Provider _____<br>Number of Hours/Units _____<br>Is this a board approved provider listed in the regulations?<br>_____ Yes      _____ No<br>Is the course description/syllabus attached? _____ Yes      _____ No<br>_____ Online Course      or      _____ In-person Course |
| <b>(6)</b><br><br>Subject _____<br><br>Number of Hours/Units required _____ | <b>(6)</b><br><br>Course Title _____<br>Provider _____<br>Number of Hours/Units _____<br>Is this a board approved provider listed in the regulations?<br>_____ Yes      _____ No<br>Is the course description/syllabus attached? _____ Yes      _____ No<br>_____ Online Course      or      _____ In-person Course |
| <b>(7)</b><br><br>Subject _____<br><br>Number of Hours/Units required _____ | <b>(7)</b><br><br>Course Title _____<br>Provider _____<br>Number of Hours/Units _____<br>Is this a board approved provider listed in the regulations?<br>_____ Yes      _____ No<br>Is the course description/syllabus attached? _____ Yes      _____ No<br>_____ Online Course      or      _____ In-person Course |