

**HOME INSPECTION DIVISION
Construction Industries Board**

2401 NW 23rd Street, Suite 2F, Oklahoma City, Oklahoma 73107
Telephone: (405) 521-6550 Fax: (405) 521-6525
<http://ok.gov/cib/>

**REQUEST FOR APPROVAL OF COURSE FOR HOME INSPECTION TRAINING
OR CONTINUING EDUCATION CREDIT**

(Submit original form with \$50 fee made payable to Construction Industries Board or CIB. NOTE: If the Course Content has previously been approved and the only change is date, or dates, of course, no application fee is required.)

Name and Address of Provider/Sponsor Submitting Course	Name and Telephone Number of Contact Person Name: _____ Telephone: _____ Fax Number: _____
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Course Title/Name: _____

Date of Course: _____
NOTE: Separate application must be submitted for each date, or dates, that constitute a single course.

Start Time: _____ Location: _____

Primary Instructor(s): _____ City: _____

Method of Instruction <input type="checkbox"/> Classroom/Lecture <input type="checkbox"/> Seminar <input type="checkbox"/> College/University <input type="checkbox"/> Correspondence	<input type="checkbox"/> Professional Association <input type="checkbox"/> Employee Training <input type="checkbox"/> On-Line <input type="checkbox"/> Other: _____	Method of Determining Successful Completion <input type="checkbox"/> Final Examination (or a series of examinations) -- Proctored <input type="checkbox"/> Final Examination (or a series of examinations) -- Correspondence <input type="checkbox"/> Completed Test <input type="checkbox"/> Roster <input type="checkbox"/> Attendance Monitored by Sign-in/Sign-out Sheet <input type="checkbox"/> Other: _____
Hours of Instruction/Contact Classroom Hours: _____		

Total Hours Requested: _____	<input type="checkbox"/> Home Inspection Training <input type="checkbox"/> Continuing Education
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Course Description: Describe General Content of Course and Attach a Syllabus or Course Outline:

Text References: Name Published Text(s) to be used:

Name & Signature of Individual(s) Authorized to Sign Certificates of Completion:

_____ Name (Typed or Printed)	_____ Signature
_____ Name (Typed or Printed)	_____ Signature (Facsimile Signatures Acceptable)

"To the best of my knowledge, information, and belief, this providing or sponsoring entity owns or otherwise has the right to the use of course materials to be used in this course, and use of these materials does not infringe on any copyright or other rights of any other parties."

_____ Name (Typed or Printed)	_____ Signature
_____ Title:	_____ Date:

OFFICE USE ONLY COURSE _____
<input type="checkbox"/> Disapproved
<input type="checkbox"/> Approved for _____ hours home inspection training
<input type="checkbox"/> Approved for _____ hours continuing education
BY: _____ DATE: _____