## STATE OF IDAHO

## DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES 11351 W. Chinden Blvd., Building #6 Boise ID 83714

## BOISE, IDAHO 83720-0063 EDUCATION APPROVAL APPLICATION

This is a "request for approval" application for entry education or continuing education offerings not otherwise approved by the Board. It must be completed in its entirety. If additional space is needed, add separate pages and note the corresponding item number on your response. All advertisement brochures and/or promotional materials if used, must accompany the application. A course syllabus or outline, together with a copy of all training materials for any course listed, and a resume' listing the instructor's qualifications and affiliations must also accompany this application. Applications must be received well before the offering date to allow the Board adequate time to review the materials. Check the applicable Board Laws and Rules for applicable deadlines. The Board may deny credit for any course that does not meet the requirements of Idaho Law or Rule. Please review the requirements before submitting your request.

Course, Seminar or Conference Title:							
Relevant Prof	ession(s):						
1. Sponsoring	Organization or Ins	titution:					
2. Applicant Constant	ontact information:						
Phone:	Fax:	E-mail:					
Address:							
Street		City	State	Zip			
From		•					
	_	_					
5. Fee to be ch		Fee includes:					

Lecture	Conference	Forum	Workshop	Home Study	Distance Learn	ing
Othe	er:					
original atte	endance records	for verificati	ion? (Attach a o	• •	•	e, and who maintains at will be provided to
	mination part of ES, attach a desc	<b>O</b> YES	ONO			
	se evaluation for ES, attach a copy	<b>O</b> YES	ONO			
10. Has this entity?	s course been app	proved for ed	lucation or con	tinuing education	credit by any loca OYES	l, state, or national NO
If YES, ento	er name of appro	ving entity a	and attach a cop	by of the approval	document:	
					s, CDs, tapes, and course has been a	
•	promotional pub ES, please attach	e).	ONO			
13. Does th	is course either p	romote a pr	oduct or appara	itus or offer a proc	luct or apparatus t	o those attending?
					<b>O</b> YES	ONO
If YES, this	must be explaine	ed on a sepa	rate attachmen	t to this applicatio	on and disclosed in	any advertising.
	ose attending be g ES, please expla		ONO			
			COURSE A	ADDENDUM		
Complete th	ne Course Progra	m Addendu	m by listing the	e name(s) of instru	ictor(s), exact hou	rs per day each

course is scheduled to run, the CEU's (or clock hours) being requested for approval which apply only to educational contact hours, whether a course is relevant to one or more specific disciplines or license types, and whether or not approval for Pre-Licensure credit is being requested. CEU hours do not include breaks.

6. What best identifies the educational experience?

Instructor Name	Course Title		Hrs. CEUs	
(If you need additional space for m				
	ation together with all of t	he requested supportin	g documentation to the Division	
EDU	CATION APPROVAL	APPLICATION AFF	TIDAVIT	
correct; that the proposed trai	ning is described accurate y request additional inform	ely and completely; and	ne attached material is true and I that nothing has been omitted. For deny this application should	
Print name:	Ti	tle:		
	<u> </u>	Signature:		

An instructor resume' and course agenda must be submitted for each instructor and course listed (show hours in full hours or by 15 minute increments).