



**STATE OF WISCONSIN**  
 Department of Safety and  
 Professional Services

# Educational Course Application

Safety and Buildings Division  
 201 West Washington Ave.  
 P.O. Box 2658  
 Madison, WI 53701  
 Phone: (608) 267-7113  
 FAX : (608)-267-0592  
 Email: [sbcourseapproval@wisconsin.gov](mailto:sbcourseapproval@wisconsin.gov)  
 TTY through Relay

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

**\*\*\*\*\* If you obtain approval for this course and it is other than a face-to-face training session, you must inform students that they may not retake the same course for credit more than once during the 1-, 2- or 4-year term of their specific credential \*\*\*\*\***

Course Provider Name (Business, School, Institute, Individual, etc)	Contact Person (If different from provider)
S&B Customer Id number (If already provided)	Address No. & Street, or P.O. Box:
Address No. & Street, or P.O. Box:	City, Town or Village, State, Zip + 4 Code:
City, Town or Village, State, Zip + 4 Code:	Telephone No. (include area code):
Telephone No. (include area code):	If Available, E-mail Address:

**Fill in the Course Name/Title:**

**Type of course:**  Instructor-led, Face-to-Face Training  
 Student-paced Training (Internet, DVD, Broadcast, Correspondence):  Number of review questions \_\_\_\_\_

**Total Course Hours:**

<b>PLUMBING</b>	<input type="checkbox"/> ___ Master Plumber <input type="checkbox"/> ___ Master Plumber Restricted Appliance <input type="checkbox"/> ___ Commercial Plumbing Inspector <input type="checkbox"/> ___ Utility Contractor	<input type="checkbox"/> ___ Journeyman Plumber <input type="checkbox"/> ___ Journeyman Plumber Restricted Appliance <input type="checkbox"/> ___ UDC-Plumbing Inspector <input type="checkbox"/> ___ Cross Connection Control Tester
<b>POWTS</b>	<input type="checkbox"/> ___ Master Plumber Restricted Service <input type="checkbox"/> ___ POWTS Maintainer <input type="checkbox"/> ___ POWTS Inspector	<input type="checkbox"/> ___ Journeyman Plumber Restricted Service <input type="checkbox"/> ___ Soil Tester Certification (ST)
<b>BUILDING</b>	<input type="checkbox"/> ___ Commercial Building Inspector <input type="checkbox"/> ___ UDC-HVAC Inspector <input type="checkbox"/> ___ Dwelling Contractor Qualifier	<input type="checkbox"/> ___ UDC-Construction Inspector <input type="checkbox"/> ___ Manufactured Home Installer
<b>ELECTRICAL</b>	<input type="checkbox"/> ___ Master Electrician <input type="checkbox"/> ___ Beginning Electrician <input type="checkbox"/> ___ Residential Master Electrician <input type="checkbox"/> ___ Commercial Electrical Inspector	<input type="checkbox"/> ___ Journeyman Electrician <input type="checkbox"/> ___ Industrial Journeyman Electrician <input type="checkbox"/> ___ Residential Journeyman Electrician <input type="checkbox"/> ___ UDC-Electrical Inspector
<b>ELEVATOR</b>	<input type="checkbox"/> ___ Elevator Mechanic <input type="checkbox"/> ___ Lift Mechanic	<input type="checkbox"/> ___ Elevator Mechanic- Restricted <input type="checkbox"/> ___ Elevator Inspector
<b>SPRINKLERS</b>	<input type="checkbox"/> ___ Automatic Fire Sprinkler Contractor <input type="checkbox"/> ___ Automatic Fire Sprinkler Contractor-Maintenance	<input type="checkbox"/> ___ Journeyman Automatic Fire Sprinkler Fitter
<b>BOILERS</b>	<input type="checkbox"/> ___ Boiler Inspector	
<b>INITIAL QUALIFIER</b>	<input type="checkbox"/> ___ Multi-Purpose Piping <b>Initial</b> Qualifier <input type="checkbox"/> ___ POWTS Maintainer <b>Initial</b> Qualifier <input type="checkbox"/> ___ Dwelling Contractor Qualifier <b>Initial</b> Qualifier <input type="checkbox"/> ___ POWTS Restricted Tech Installer Qualifier	<input type="checkbox"/> ___ Cross Connection Control Tester <b>Initial</b> Qualifier <input type="checkbox"/> ___ Soil Erosion Inspection <b>Initial</b> Qualifier <input type="checkbox"/> ___ Manufactured Home Installer <b>Initial</b> Qualifier

**Instructions:** Use this form to apply for approval to offer your course for continuing education credit.

**Step 1:** Complete the first page of this form. Note:

- Some credential types require an initial ‘Qualifier’ course be completed before an applicant can apply for their credential. If your course is designed to be offered as a ‘Qualifier’ training course, be sure to check the proper box, and include the term “Qualifier” as the first word in the course title.
- Express course length in 1/2-hour increments. If the course is divided into short, independent courses, then submit a separate course application for each part. If this is to be a correspondence, DVD or Internet course, then please also submit at least 10 review questions for each credit hour you are requesting. Any course that is only question and answer based, using readily-available public materials such as the codebook, requires least 30 questions per hour to be submitted. Students must correctly answer at least 70% of the questions in order to receive credit.

**Step 2:** Enclose a detailed explanation of how this course relates to the job activities and responsibilities of the credential categories you have indicated on page 1. Include a complete course outline. The outline must describe in detail the subject matter to be taught, the total length of the course, and the length of time on each subject. If submitting a correspondence course, also submit the handout(s) and/or video(s). Send a copy of the completed application form and attachments to the address above at least 30 days prior to the date the course will be offered. You may also email this application and course materials to [sbcourseapproval@wisconsin.gov](mailto:sbcourseapproval@wisconsin.gov).

**Step 3: Courses will be approved or denied within 21 calendar days of receiving this application.** Do not offer your course for credit before you have received approval. Students who complete your course before it is approved will not receive credit. When your course is approved, a letter will be sent showing the hours of approved credit, the credentials to which the hours of approved credit apply, the expiration date of the course, and the course identification number.

**Step 4:** After you have received approval, you may offer your course for credit. You **must:**

- Maintain an attendance record of all students who have successfully completed the course for at least five years from the course completion date. The record must include the course identification number, the course completion date, the name of each student, and the student’s credential identification number. Be sure to obtain the credential identification number of the **student**, and not of the student’s **business**. This is a common mistake.
- Provide a written, printed, or e-mailed attendance record to **each student**. At a minimum, this record must include the course identification number, the course completion date, the name of the student, and the student’s credential identification number. Instruct your students to retain this document for their records.
- Report all course attendance information to the Department of Safety and Professional Services within 14 calendar days of the course completion date. Use the information on your course approval letter to report this information electronically.

**Step 5:** Course approvals have a five-year term. A renewal notice will be sent at least 30 days before the expiration date. If a course is not renewed, students attending the course after the expiration date will not receive credit.