



STATE OF WISCONSIN

Department of Safety and Professional Services

Educational Course Application

Safety and Buildings Division
 1400 East Washington Ave.
 P.O. Box 7082
 Madison, WI 53707-7082
 Phone: (608) 261-8467
 FAX : (608)-267-0592
 Email: DspsSbCredentialing@wi.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:

PLUMBING	<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
POWTS	<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)
BUILDING	<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
ELECTRICAL	<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
ELEVATOR	<input type="checkbox"/> ___ Elevator Mechanic <input type="checkbox"/> ___ Lift Mechanic	<input type="checkbox"/> ___ Elevator Mechanic- Restricted <input type="checkbox"/> ___ Elevator Inspector
SPRINKLERS	<input type="checkbox"/> ___ Automatic Fire Sprinkler Contractor <input type="checkbox"/> ___ Automatic Fire Sprinkler Contractor-Maintenance	<input type="checkbox"/> ___ Journeyman Automatic Fire Sprinkler Fitter
BOILERS	<input type="checkbox"/> ___ Boiler Inspector	
INITIAL QUALIFIER	<input type="checkbox"/> ___ Multi-Purpose Piping Initial Qualifier <input type="checkbox"/> ___ POWTS Maintainer Initial Qualifier <input type="checkbox"/> ___ Dwelling Contractor Qualifier Initial Qualifier <input type="checkbox"/> ___ POWTS Restricted Tech Installer Initial Qualifier	<input type="checkbox"/> ___ Cross Connection Control Tester Initial Qualifier <input type="checkbox"/> ___ Soil Erosion Inspection Initial Qualifier <input type="checkbox"/> ___ Manufactured Home Installer Initial Qualifier

Instructions: Use this form to request review of an educational course relating to the educational requirements for credentialed individuals (see list below). **Print all information clearly.** **Enclose** a detailed explanation of how this course relates to the job activities and responsibilities of the credential categories you are seeking education credit. **Enclose** a complete course outline to this application. 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 DspsSbCredentialing@wi.gov. **Courses will be approved or denied within 21 calendar days of receiving this application.**

Course Content: Courses for educational credit shall relate to the activities and responsibilities permitted or required under the particular license, certification or registration. Examples of possible qualifying courses include:

- Courses on codes and standards specific to the licenses or certifications, job description or industry.
- Technical courses for work or products used under that credential.
- Attendance of a trade show related to the industry of the credential, (maximum one hour credit)
- Courses related to the training or supervisory responsibilities that are required under the credential.
- Courses on math skills related to the credential exam or job description for the license or certification.
- Course on the use of technical software designed for the responsibilities or activities under the credential.
- Trade safety courses relating to OSHA obligations and requirements under CFR Part 1926 (Construction Site Safety).
- American Red Cross First Aid Training or equivalent.

***Initial Certification Qualifier Courses** – For certain credential categories, as indicated on the front, a candidate must first complete a comprehensive initial training course before becoming credentialed. If appropriate, check the proper box. Include the term “Qualifier” as the first word in the course title to facilitate identification of such courses in our database.

Course Length - Course length shall be specified should be reported in 1/2-hour increments (e.g., 4.0 or 3.5 hours). Courses may be divided into short, independent courses so that a participant may receive credit for specific hours attended or completed. If the course is divided into short, independent courses, submit a separate course application for each part. If the course is instructor-led, the instructor must be able to verify that the student attended the entire course approved for specific hours of credit. For student-paced courses, such as correspondence courses, DVDs, broadcast or internet, the course must include a list of questions that the student must answer and return to the provider. If this is to be a correspondence course or an Internet course, please indicate that there are 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, then at least 30 questions per hour are required. Students must correctly answer at least 70% of the questions in order to receive credit.

Responsibilities of Course Provider: Course providers shall maintain an attendance record of those individuals who have completed the course for at least five years from the date when the course was held. The attendance record shall include the course name, the course identification number, the date the course was held, the name of each credentialed attendee, the name of each credential held by the attendee for which the course applies, and the attendee’s complete credential number (obtained from their credential card). Be sure to obtain their customer ID for their personal credential, not any business credential. Course providers are required to provide a written attendance record to the course attendee and report who attended to the division within 14 calendar days of the course being held or completed. Distribute the attendee’s copy at the course or mail the attendee’s copy to the attendee. Inform the attendee that record of their attendance will be provided to the division.

Course providers can create their own attendance forms. On the course approval letter, course providers will find information on electronically reporting attendance to the division.. If providers wish to purchase attendance forms, they may do so from state Document Sales, 800-362-7253, 608-264-9419: <http://www.doa.state.wi.us/docview.asp?docid=6589&locid=2#pager1> (Look among “Other S&PS Forms” in the Document Sales catalogue.)

Approved Courses: When the course is approved, a letter will be sent to the course provider that will contain 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. The division may specify different numbers of hours of approved credit for different credentials. It is recommended that hours of credit for the specific credentials be included in advertising done for the course. If the course is a face-to-face seminar, the hours of credit for specific credentials included should be posted at the site where the course will be taught. For correspondence courses, the information sent to the person should include the hours of credit for specific credentials. S&B will list approved courses on its WebSite at the provider's request: <http://www.doa.state.wi.us/docview.asp?docid=6589&locid=2#pager1>
Contact the Communications Coordinator, 608-267-3606 for details.

Renewals & Revisions - If the renewal notice box is checked on the front of the form, a renewal notice will be sent to the course provider at least 30 days before the expiration date of the course. If a course is not renewed and is held after the expiration date of the course, people who attend or complete the course after the expiration date will not receive continuing education credit. All proposed revisions to previously approved course outlines must be approved by the division at least 30 days prior to implementation.