

**TEXAS STATE BOARD OF PLUMBING EXAMINERS
PLUMBING CONTINUING PROFESSIONAL EDUCATION PROGRAM**

COURSE PROVIDER APPLICATION

2019-2020 CPE COURSE YEAR (July 1, 2019-June 30, 2020)

Course Provider applications must be submitted to the Board's office **no later than December 1, 2018**, for consideration and possible approval by the Board at its meeting on January 14, 2019.

For CPE Course Provider requirements, please refer to TSBPE Board Rule Sections 365.15 - 365.21. Rules are available on the TSBPE website at www.tsbpe.texas.gov

This application is for: Individual _____ Business _____ Association _____

Name of Individual, Business, or Association: _____

Mailing Address: _____

Physical Address: _____

Toll-free Telephone: _____ Fax: _____

Contact Name /Title: _____

E-Mail Address: _____ Cell Phone: _____

Website for Plumbers CPE: _____

Check all training programs to be provided for the 2019-2020 CPE course year in addition to the six hour required course for plumbers (please check all that apply) :

Med Gas CPE ___ Med Gas Training ___ WSPS Training ___ MRFPS Training ___
RMP Training ___ 24 & 48 hr Training ___ Exam Prep Course ___ 160 hr Instructor Training ___

PLEASE PROVIDE THE FOLLOWING INFORMATION AS ATTACHMENTS TO THIS APPLICATION. PLEASE LABEL EACH ATTACHMENT:

Note: The Board may refuse to accept any application for approval as a Course Provider that is not complete. The Board has instructed staff to submit only completed applications (including all attachments) for its consideration.

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- Attachment A:** Names and addresses of all Officers, Directors, Trustees for Member the Governing Board of any Business or Association applicant.
- Attachment B:** Signed statement by Individual applicant, or each Officer, Director, Trustee or Member of Governing Board as to whether he or she has ever been convicted of a felony.
- Attachment C:** Current Franchise Tax Account Status for the business or association named on this application, issued by the Texas Comptroller of Public Accounts (for business or association applicants).
- Attachment D:** Taxpayer identification number.
- Attachment E:** Fee to be charged to Licensees for attending the course.
- Attachment F:** Example of Certificate of Completion of CPE to be provided to the licensee (must include CPE provider name, student name, course year and date of completion).
- Attachment G:** CPE Class Scheduling Plan. Explain method for scheduling of classes and reasons that a class would be cancelled or rescheduled. Include your plan for avoiding cancellation or rescheduling of classes.
- Attachment H:** Explain your plan for providing courses equitably across the state (if not exempted under Section 365.17(3)(b)(2)).
- Attachment I:** Explain your method for tracking and compiling statistical data regarding number of CPE classes conducted, students instructed, and similar data required by the Board, as required by Board Rule Section 365.17(3)(b)(2)
- Attachment J:** Identify which Board-approved course materials will be used by the Provider.
- Attachment K:** Explain your plan for self-monitoring of CPE classes.
- Attachment L:** A copy of the certificate of authorization as an OSHA Construction Trainer for any individual it will utilize to teach the 10-Hour Outreach Training, as required by Board Rule Section 365.17(b)(4).
- Attachment M:** An example of correspondence course materials, including a sample set of 150 questions, as required by Board Rule Section 365.16(3)(b)(2).

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I read, understand and agree to comply with all requirements of the Plumbing License Law and Board Rules regarding Continuing Professional Education Course Providers.

I hereby affirm that all of the statements and attachments contained herein are true.

Signature of Designated Authority

Printed Name of Designated Authority

Title

Date

ATTACHMENT A

Names and address of all Officers, Directors, Trustees or Members of the Governing Board of any Business or Association applicant

NAME: _____

TITLE: _____

ADDRESS: _____

_____ CITY ST ZIP

EMAIL: _____

NAME: _____

TITLE: _____

ADDRESS: _____

_____ CITY ST ZIP

EMAIL: _____

NAME: _____

TITLE: _____

ADDRESS: _____

_____ CITY ST ZIP

EMAIL: _____

NAME: _____

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_____ CITY ST ZIP

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NAME: _____

TITLE: _____

ADDRESS: _____

_____ CITY ST ZIP

EMAIL: _____

NAME: _____

TITLE: _____

ADDRESS: _____

_____ CITY ST ZIP

EMAIL: _____

ATTACHMENT B

Signed Statement by Individual Applicant, Officer, Director, Trustee, or Member of Governing Board as to whether he or she has ever been convicted of a felony.

I attest that I have never been convicted of a felony.

Print Name

Title

Signature

Date

I attest that I have never been convicted of a felony.

Print Name

Title

Signature

Date

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Print Name

Title

Signature

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Print Name

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Signature

Date

I attest that I have never been convicted of a felony.

Print Name

Title

Signature

Date

I attest that I have never been convicted of a felony.

Print Name

Title

Signature

Date

ATTACHMENT B Alternate Form

Signed Statement by Individual Applicant, Officer, Director, Trustee, or Member of Governing Board as to whether he or she has ever been convicted of a felony. This may be sent out to individuals in lieu of the Attachment B form.

I attest that I have never been convicted of a felony.

Print Name

Title

Signature

Date

ATTACHMENT C

Current Franchise Tax Account Status for the Business or Association named on Course Material Publisher Application, issued by the Texas Comptroller of Public Accounts for Business or Association Applicants (<https://comptroller.texas.gov/taxes/franchise/coas-instructions.php>).

You may copy and paste a screen print of your Franchise Tax Account Status

ATTACHMENT D

TAXPAYER IDENTIFICATION NUMBER

Individual/Business or Association Taxpayer Identification Number

Social Security Number: _____

or

Employer Identification Number (EIN): _____

ATTACHMENT E

FEEES TO BE CHARGED TO LICENSEES / REGISTRANTS ATTENDING CPE COURSES

Including any applicable sales tax

Six (6) HR Training Class	\$ _____
Med Gas Training	\$ _____
WSPS Training	\$ _____
MRFPSS Training	\$ _____
RMP 24-HR Training	\$ _____
Tradesman 24-HR Training	\$ _____
Journeyman 48-HR Training	\$ _____

ATTACHMENT F

Example of CPE Certificate of Completion of CPE to be provided To Licensee / Registrant

Must include CPE Provider Name, Student Name, Course Type, Year, and Date of Completion

You may copy and paste a .jpg or .pdf here

ATTACHMENT G

CPE CLASS SCHEDULING

Explain method for scheduling of classes and reasons that a class would be cancelled or rescheduled. Include your plan for avoiding cancellation or rescheduling of classes.

ATTACHMENT H

PLAN TO PROVIDE COURSES THROUGH OUT THE STATE OF TEXAS

Explain your plan for providing courses equitably across the state (if not exempted under Section 365.17(3)(b)(2)).

ATTACHMENT I

METHOD FOR TRACKING AND COMPILING BOARD REQUIRED STATISTICAL DATA

Explain your method for tracking and compiling statistical data regarding number of CPE classes conducted, students instructed, and similar data required by the Board, as required by Board Rule Sec. 365.16(c)(4).

ATTACHMENT J

Identify which Board-approved course materials will be used by the Provider.

ATTACHMENT K

Explain your plan for self-monitoring of CPE classes.

ATTACHMENT L

A copy of the certificate of authorization as an OSHA Construction Trainer for any individual it will utilize to teach the 10-Hour Outreach Training, as required by Board Rule Section 365.17(b)(4)

ATTACHMENT M

An example of correspondence course materials, including a sample set of 150 questions, as required by Board Rule Section 365.16(3)(b)(2).