

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

**COURSE PROVIDER APPLICATION**

**2020-2021 CPE COURSE YEAR (July 1, 2020-June 30, 2021)**

**Course Provider applications must be submitted to the Board's office **no later than December 1, 2019**, for consideration and possible approval by the Board at its meeting on January 13, 2020.**

**For CPE Course Provider, Material Publisher, Instructor requirements, please refer to TSBPE Board Rule Sections 365.14 - 365.20. Rules are available on the TSBPE website at: [tsbpe.texas.gov](http://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 2020-2021 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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**COURSE PROVIDER APPLICATION**

**2020-2021 CPE COURSE YEAR (July 1, 2020-June 30, 2021)**

- 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).

**TEXAS STATE BOARD OF PLUMBING EXAMINERS  
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**COURSE PROVIDER APPLICATION**

**2020-2021 CPE COURSE YEAR (July 1, 2020-June 30, 2021)**

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: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CITY ST ZIP

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CITY ST ZIP

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CITY ST ZIP

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CITY ST ZIP

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CITY ST ZIP

EMAIL: \_\_\_\_\_

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

**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

**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

**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

**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.**

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**Print Name**

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**Title**

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**Signature**

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**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).