



APPLICATION FOR APPROVAL OF CONTINUING EDUCATION COURSES FOR PROFESSIONAL ENGINEERS

State Form 54399 (R / 1-12)

STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS
PROFESSIONAL LICENSING AGENCY

402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3022
E-mail: pla10@pla.IN.gov

- INSTRUCTIONS:**
1. Attach descriptive course content outline for each course, pursuant 864 IAC 1.1-15-5, clearly expressing course objectives and indicating number of hours for each course.
 2. Attach a professional biography of each instructor that indicates compliance with 864 IAC 1.1-15-5.

Name of provider	
Address (number and street, city, state, and ZIP code)	
Telephone number ()	E-mail address
Name of contact person	
Address (number and street, city, state, and ZIP code)	
Telephone number ()	E-mail address
COURSES	
COURSE NAME	HOURS

INSTRUCTORS	
NAME OF INSTRUCTOR	NAME OF INSTRUCTOR

- | | |
|--|--|
| 1. Do you agree to provide a certificate of course completion to every participant that completes your course(s) pursuant to 864 IAC 1.1-15-5? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you read and understand the statutes and rules regarding continuing education that were provided with this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you enclosed an original and a copy of the curriculum vitae and/or resumes of all instructors showing education and professional background? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you enclosed an original and a copy of the advertisement brochure and/or promotional materials, if used? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Tabled Reason:	
<input type="checkbox"/> Denied Reason:	
Board signature	Board signature