



INSTRUCTORS	
NAME OF INSTRUCTOR	NAME OF INSTRUCTOR

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| 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