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## CONTINUING EDUCATION COURSE INSTRUCTOR SUBMITTAL

Disclosure to others of the information on this form may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, and/or for the purpose of verification and investigation.

**PRINT IN INK or TYPE your responses. Unreadable or illegible applications will be rejected or denied.**

|  |              |                 |  |              |                 |
|--|--------------|-----------------|--|--------------|-----------------|
| <b>INSTRUCTORS NAME</b>  |              |                 | <b>EMAIL ADDRESS</b>   |              |                 |
| <b>RESIDENTIAL ADDRESS</b>   |              |                 | <b>PUBLIC MAILING ADDRESS</b>  |              |                 |
| <b>CITY</b>  | <b>STATE</b> | <b>ZIP CODE</b> | <b>CITY</b>  | <b>STATE</b> | <b>ZIP CODE</b> |
| Is the Residential address above a non-designated (Private) address? |              |                 | If <b>yes</b> , then you must provide a designated (Public) mailing address. |              |                 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No             |              |                 |  |              |                 |

**Identify the SUBJECT AREA(S) that you teach. Information you provide will be checked to determine your qualifications for all course applications that reference you as an instructor. (If you need more space, attach additional sheet listing qualifications.)**

1)

2)

3)

4)

**Applies only to instructors for Building Official and Residential Building Contractor Continuing Education**

Instructors for building official and residential building contractor continuing education shall meet the requirements of Minn. Stat. § 326B.099, Subd. 3(b). Check at least one category that qualifies you to teach building official and residential building contractor continuing education.

- Four (4) years' practical experience in the subject area being taught
- A college or graduate degree in the subject area being taught
- Direct experience in the development of laws, rules, or regulations related to the regulated industry
- Demonstrated expertise in the subject area being taught

**Applies only to instructors for Manufactured Home Installers Continuing Education**

Instructors for manufactured home installer continuing education shall meet the requirements of Minn. Rule 1350.6710, Subpart 2. Check at least one category that qualifies you to teach manufactured home installer continuing education.

- A four-year degree in any subject area, plus two (2) years of experience in the subject area being taught
- Five (5) years of experience in the subject area being taught
- Certification by HUD as a trainer for manufactured home installation (attach copy of certification)

**CONTINUING EDUCATION COURSE INSTRUCTOR APPLICATION**  
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**Applies only to instructors for Electrical Continuing Education**

Instructors for electrical continuing education shall meet the requirements of Minn. Stat. § 326B.099, Subd. 3(b)(4) and Minn. Rule 3800.3603, Subpart 5 and comply with all applicable continuing education rules adopted by the Minnesota Board of Electricity. Check the category that qualifies you to teach electrical continuing education.

- A personal electrical license and at least four (4) years experience in electrical inspection, electrical installations, or teaching subjects within the scope of the electrical work permitted by the instructor's license. Not more than four hours of instruction credit will be allowed where the scope of the electrical work permitted by the instructor's license is less than that of the person who attended the educational program.
- A registered or licensed electrical engineer with at least four years experience in the design of premises electrical power systems or technology systems.
- At least five years practical experience in the subject being taught. Not more than four (six for technology systems) hours of instruction credit will be allowed for an educational program conducted by an instructor in this category.
- For technology systems, an instructor certified by a national training program. (attach copy of certification)

**List licenses held applicable to your qualifications to be an instructor. Attach copy of current license or diploma if not issued by the Department of Labor and Industry, as applicable.**

| TYPE OF LICENSE | LICENSE NUMBER | DATES LICENSED (from/to) |
|-----------------|----------------|--------------------------|
|                 |                |                          |
|                 |                |                          |
|                 |                |                          |

List employment history of instructor's qualification requirements.

| EMPLOYER                 | EMPLOYER                 | EMPLOYER                 |
|--------------------------|--------------------------|--------------------------|
|                          |                          |                          |
| ADDRESS                  | ADDRESS                  | ADDRESS                  |
|                          |                          |                          |
| CITY, STATE, ZIP CODE    | CITY, STATE, ZIP CODE    | CITY, STATE, ZIP CODE    |
|                          |                          |                          |
| DATES EMPLOYED (from/to) | DATES EMPLOYED (from/to) | DATES EMPLOYED (from/to) |
|                          |                          |                          |
| TYPE OF WORK             | TYPE OF WORK             | TYPE OF WORK             |
|                          |                          |                          |

**Certifications and Statements of Understanding:**

- I understand that I am responsible to remain in compliance with all laws and rules relating to continuing education in accordance with MS § 326B.099, subd. 3 (c);
- I understand that I am responsible to provide students with current and accurate information;
- I understand that I am responsible to maintain an atmosphere conducive to learning in the classroom;
- I understand that I am responsible to verify attendance of students, and certifying course completion;
- I understand that I am responsible to provide assistance to students and respond to questions relating to course materials;
- I understand that I am responsible for attending the workshops or instructional programs that are required by the commissioner; and
- I certify that the following information provided herein is true, accurate and complete.

|                        |                   |              |
|------------------------|-------------------|--------------|
| INSTRUCTOR'S SIGNATURE | DATE (MM/DD/YYYY) | PHONE NUMBER |
|                        |                   |              |

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.