

North American Board of Certified Energy Practitioners
www.nabcep.org

APPLICATION

Continuing Education Course

Instructions

- Please complete all sections of the application.
- Attach a course curriculum or outline.
- Attach a brief curriculum vita or biography of the instructor(s) and design team.
- Attach a sample certificate or form of completion. (A sample form can be found on NABCEP's web site at www.nabcep.org)
- Enclose an application fee of \$200.00. This fee is nonrefundable whether the course is approved or not.
- Please return your application to:
North American Board of Certified Energy Practitioners
56 Clifton Country Road, suite 202
Clifton Park, NY
Phone: (518) 772-8183 Fax: 518-899-1092
Email: info@nabcep.org

Organization: _____

Contact Person: _____

Street Address: _____

City, State & Zip: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Training Webpage URL: _____

1. Course Title: _____

2. Which technology does this course cover? _____

3. Number of contact hours: _____

Indicate how many credit hours a student will receive for this course. A contact hour is defined as 60 minutes of an organized learning activity. Time is not counted for breaks, registration, travel, receptions, or meals. One hour minimum (.25 for each additional quarter hour).

4. How is the course delivered: (on-site, web-based, etc.)

If on-site, list location(s): _____

If web based, list web address: _____

5. Describe your course, including its learning objective(s), intent, design, safety practices and how it applies to NABCEP'S continuing education requirements.

6. If applicable, please refer to the specific tasks and subtasks in the PV, Solar Heating, or Small Wind Installer Task Analysis that will be addressed:

7. Describe the program material and handouts.

8. If the course is product training, is there a participant's hands-on opportunity? If yes, please describe.

9. How do you verify a student's satisfactory completion of this course?

10. Have you offered the course before?

11. If this is a renewal application, how has this course changed?

I understand that all of the information provided in this application is true and correct to the best of my knowledge and is in compliance with the criteria stated in the NABCEP Continuing Education Course Provider Guidelines. I understand that my organization is responsible for the quality assurance of the educational course described in this application. I understand that approval for this course can not be transferred to another course or other organizations without prior approval from NABCEP. NABCEP's approval of this application shall not be construed to be a sponsorship or endorsement of any course or course material. I understand that NABCEP's logo or certification mark can not be used on any course or promotional material or advertisement. Upon review of this application, NABCEP can request additional material. NABCEP holds the right to audit the course for no charge. I further understand that NABCEP's approval of this course can be revoked if we are non-compliant.

Print Name

Signature of Authorized Representative

Date Signed

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|-----------------------------------|---------------------------------------|
| OFFICE USE ONLY | |
| Fee: _____ | |
| NABCEP CEC # _____ | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved |
| Date approved: _____ | |
| Do not write in this space | |