APPLICATION FOR CONTINUING EDUCATION SPONSORSHIP AND COURSE REGISTRATION

Submit to:
Plumbing Program
Telephone: 217-524-0791
Fax: 217-524-5868
E-mail: DPH.Plumbing@illinois.gov
535 W. Jefferson St., Ground Floor
Springfield, IL 62761

Sponsor Name: ________________________________________________________________

Name of Contact Person: ________________________________________________________

Street Address: __________________________________________________________________

City: __________________________ State: ________________ ZIP: ___________ County: ______

E-mail: _________________________________________________________________________

Phone Number: __________________________________________________________________

For which of the following are you applying?
(You must first obtain sponsorship approval to register any course or seminar.)

☐ New Sponsor
☐ New Course
☐ New Seminar

☐ Renew Sponsorship (provide previous approval number): ______-

☐ Renew Course or Seminar (provide previous approval number): ______-

Will anyone receive revenue from the course(s) or seminar(s) other than the applicant listed above? If yes, complete the following:

Name: ______________________________________________________________________

Phone: ______________________________________________________________________

Address: _____________________________________________________________________

City: _______________________________________________________________________

State: ______________ ZIP: ___________

For course or seminar applications only:

Who will be the instructor(s)? (A biography explaining qualifications and contact information for each instructor must be attached.)

______________________________________________________________________________

Provide the name of the Plumber of Record: (A copy of the valid plumbing license for this individual must be attached):

______________________________________________________________________________

How many hours of credit are you requesting? ____________ (50 minutes of actual classroom time = 1 credit hour)

Provide the title of the course or seminar on the line below and attach an outline detailing the subject matter and length of time of the presentation:

______________________________________________________________________________

TO BE COMPLETED BY IDPH PERSONNEL:

Sponsor Information:
Approval Date:
Expiration Date:
Sponsor Registration Number:

Course/Seminar/Product Show Information:
Approval Date:
Expiration Date:
Course/Seminar Approval Number:

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