



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
Bureau of Educational Standards
P.O. Box 22001
Albany, NY 12201-2001
(518) 486-3803
https://dos.ny.gov

Home Inspection Continuing Education Course Approval Application

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

- » All applications must be submitted **60 DAYS BEFORE** the proposed course is to be conducted.
- » The non-refundable fee of **\$25** must accompany this original, signed application (photocopies will not be accepted). Fees may be paid by check or money order (made payable to the Department of State) or by MasterCard or Visa, using a credit card authorization form. Do not send cash.
- » Annual registration period runs from January 1st to December 31st. All locations must be approved.
- » Live Distance Education courses require additional information as indicated in Section 159.1.
- » **Attach to application: a detailed course outline with time sequence and other items listed on page 2 of this application.**

PLEASE INDICATE THE TYPE OF COURSE:

- Classroom Instruction Live Distance Education (Synchronous with Instructor)

1. WHAT IS THE TITLE AND LENGTH OF THIS COURSE? Must be a minimum of 1 hour of instruction and a maximum of 24 hours of instruction.

Title _____ Hours _____

2. EDUCATIONAL ORGANIZATION DATA

SCHOOL/ORGANIZATION NAME _____

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION) _____

CITY _____ STATE _____ ZIP+4 _____

E-MAIL ADDRESS (IF ANY) _____

COORDINATOR'S NAME (person authorized to submit application on behalf of entity and responsible for administering Department of State regulations) _____ TELEPHONE _____

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E-MAIL ADDRESS (IF ANY) _____

HOME ADDRESS (NUMBER AND STREET) _____

CITY _____ STATE _____ ZIP+4 _____

3. PRIMARY COURSE LOCATION

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____ STATE _____ ZIP+4 _____

4. CLASSROOM COURSES ONLY SECONDARY LOCATIONS

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____ STATE _____ ZIP+4 _____

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____ STATE _____ ZIP+4 _____

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____ STATE _____ ZIP+4 _____

A fee of \$20 will be charged for any check returned by a bank for insufficient funds.

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5. TYPE OF EDUCATIONAL ORGANIZATION OWNERSHIP

Is this organization an accredited College or University? Yes No* If No*, Please complete one of the following:

INDIVIDUAL: (Please submit a certified copy of the Trade Name Certificate and complete the following for Owner.)

NAME _____ HOME ADDRESS (NUMBER AND STREET) _____

CITY _____ STATE _____ ZIP+4 _____

PARTNERSHIP: (Please submit a copy of Partnership Agreement and complete the following for all Partners.)

NAME _____ HOME ADDRESS (NUMBER AND STREET) _____

CITY _____ STATE _____ ZIP+4 _____

NAME _____ HOME ADDRESS (NUMBER AND STREET) _____

CITY _____ STATE _____ ZIP+4 _____

CORPORATION: (Please submit a copy of the Certificate of Incorporation and complete the following for all officers and other individuals who own 5% or more of the stock of this corporation. If needed, attach additional sheets.)

NAME _____ HOME ADDRESS (NUMBER AND STREET) _____

CITY _____ STATE _____ ZIP+4 _____

NAME _____ HOME ADDRESS (NUMBER AND STREET) _____

CITY _____ STATE _____ ZIP+4 _____

NAME _____ HOME ADDRESS (NUMBER AND STREET) _____

CITY _____ STATE _____ ZIP+4 _____

6. Has any owner, partner, owner of 5% or more of the stock of the entity, or individual authorized to submit this application on behalf of the entity been convicted of any crime or offense, other than a minor traffic violation?
 Yes* No **If Yes*, submit a certified copy of each conviction.**

7. Has any license or permit issued to, applied for by any owner, partner, holder of 5% or more of the stock of the entity, or individual authorized to submit this application on behalf of the entity, been denied, suspended or revoked by this state or elsewhere by any other governmental or regulatory body?
 Yes* No **If Yes*, please provide details.**

Course Instructors: All instructors of approved courses must be approved with the Department of State. Applications for home inspection instructor approval are available on our website at www.dos.ny.gov or by request to the Division of Licensing Services, Bureau of Educational Standards. A one time evaluation and filing fee of \$25 is required for each instructor's approval.

8. COURSE CONTENT - ALL OF THE FOLLOWING MUST BE SUBMITTED.

- a detailed course outline with time sequence.
- a description of materials that will be distributed in the course.
- a listing of the books that will be utilized in the course.
- the procedures for taking attendance.
- list of names and signatures of individuals authorized to sign certificates
- a fee of \$25
- additional documentation required for live distance education (Section 159.1).

I subscribe and affirm under the penalties of perjury that the statements made in this application (including statements made in any accompanying papers) have been examined by me, and to the best of my knowledge and belief, are true and correct.

I understand that any misstatement made on this application for approval could result in an immediate revocation or withdrawal of the recognition of the approval of the entity by the Department of State.

Coordinator's Signature **X** _____ Date _____