

Alabama Board of Electrical Contractors

www.aecb.alabama.gov

CEU COURSE APPLICATION

Name of Provider: _____
Provider Contact Person¹: _____ Telephone: _____
Street Address: _____
Mailing Address: _____
E-mail Address: _____

FEES: Course Application \$250.00¹ (Check payable to ABEC must accompany Application)

Course Title: _____
Course Length in Contact Hours¹: _____ Instructor: _____
(Attach Instructor's Resume)

Course Description (Attach Syllabus) _____
Indicate Schedule of Course
Offered On-Line: Yes ___ No ___
Offered On-Site: Yes ___ No ___ (Attach list dates, time and locations)

Will an Examination be given: Yes ___ No ___ (attach copy of exam¹)

Anticipated Outcome: _____

Resource Material (Include multi-media equipment or other instructional aides, handouts, examination, etc.): _____

This course is related to (check ALL that apply):

___ NEC/NFPA Code Update ___ Business
___ Electrical Construction ___ Engineering
___ Other (Describe): _____

All Providers who offer on-line or in-state education must be pre-approved by the Board for the course to be valid for CE purposes. Each Course Provider shall submit to the Board an application for continuing education provider approval.

¹Refer to the Board's Rules: ADMIN. CODE §§ 303-X-5 Minimum Requirements for Course Provider Approval.