

**APPLICATION FOR CONTINUING EDUCATION SPONSORSHIP AND COURSE REGISTRATION**

Submit to:

Plumbing Program  
535 W. Jefferson St., Ground Floor  
Springfield, IL 62761

Telephone: 217-524-0791  
Fax: 217-524-5868  
E-mail: DPH.Plumbing@illinois.gov

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): 750-\_\_\_\_\_
- Renew Course or Seminar (provide previous approval number): 750-\_\_\_\_\_ - \_\_\_\_\_

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



**PLUMBING PROGRAM**