

**STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH**

OFFICE OF HEALTH PROTECTION  
PLUMBING PROGRAM  
828 S. SECOND STREET  
SPRINGFIELD, IL 62704  
TELEPHONE 217-524-0791  
TTY (Hearing Impaired Use Only) 1-800-547-0466

**APPLICATION FOR REGISTRATION AS  
COURSE SPONSOR OF  
CONTINUING EDUCATION**

Course Sponsor

Street Address

City

State

ZIP Code

County

Telephone - Office \_\_\_\_\_ Fax Number \_\_\_\_\_  
(Area Code) (Area Code)

If revenue(s) from the course go to any other person or facility than listed above, indicate below.

Last Name

First Name

Middle Name

Street Address

City

State

ZIP Code

County

Telephone - Office \_\_\_\_\_ Fax Number \_\_\_\_\_  
(Area Code) (Area Code)

**COURSE SPONSOR INFORMATION**

**Date of Issuance** -

\_\_\_\_\_ Month

\_\_\_\_\_ Day

\_\_\_\_\_ Year

**Date of Expiration** -

\_\_\_\_\_ Month

\_\_\_\_\_ Day

\_\_\_\_\_ Year

**Course Sponsor Registration #** - \_\_\_\_\_