



THE STATE
of

ALASKA *Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing*

Construction Contractors Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: ConstructionContractors@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/ConstructionContractors

Continuing Education Course Approval Application

The department will have the discretion to evaluate applications submitted for approval. Applications must be complete, legible and verifiable. Do not use acronyms or abbreviations. Do not submit, books, videos, USB/Flash Drives or DVD's. Requests for additional information will delay the approval process and could result in a lapse of licensure, when applicable.

- A complete application submitted by a sponsor defined by 12 AAC 21 (b) will be reviewed within two weeks of receipt.
- A complete application submitted by a sponsor or residential endorsement holder not defined by 12 AAC 21 (b) will be reviewed within four weeks of receipt.
- Complete applications received within 90 days of the end of the biennial renewal period may take an additional four weeks to review.

PART I Payment of Fees

Required Fees:

☐ Application Fee

\$25.00

PART II Application Type

☐ Renewal of Approved Course

Course Number:

- OR -

☐ Initial Course Approval

You must attach the following:

- ☐ A description of the content of the activity, including time allotted for each specific activity, in order to determine the number of contact hours to be awarded;
- ☐ Documentation of successful completion if the activity has already occurred; or a copy of the certification that will be provided to successful participants if the activity has not yet occurred; and
- ☐ A statement explaining how the activity contributes directly to the professional competency of a residential contractor and directly relates to the skills and knowledge required for a person to work as a residential contractor.

PART III Course Information

Course Title:

Is this course related to technical topics?

☐

Yes

☐

No

Is this course related to business topics?

☐

Yes

☐

No

Number of contact hours requested to be awarded for successful completion of the activity:

Supply each known date and location of the activity:

PART IV Entity Information

Select which entity is applying for approval of this course.

☐ Agency

Select ONE (1) of the following:

- | | |
|---|--|
| <input type="checkbox"/> The Alaska Housing Finance Corporation | <input type="checkbox"/> The University of Alaska |
| <input type="checkbox"/> The Alaska State Homebuilders Association | <input type="checkbox"/> The Alaska Professional Design Council |
| <input type="checkbox"/> The Alaska Building Science Network | <input type="checkbox"/> The Alaska Craftsman Home Program, Inc. |
| <input type="checkbox"/> The Associated General Contractors of Alaska | <input type="checkbox"/> The Department of Labor and Workforce Development |
| <input type="checkbox"/> The Department of Public Safety, or another state agency | |

Agency Mailing Address:	P.O. Box or Street	City	State	Zip
Agency Contact Name:		Contact Phone:		
Contact Email Address:		Web Site:		

- OR -

☐ Sponsor

Sponsoring Organization:				
Sponsor Mailing Address:	P.O. Box or Street	City	State	Zip
Sponsor Contact Name:		Contact Phone:		
Contact Email Address:		Web Site:		

- OR -

☐ Residential Endorsement Holder

Residential Endorsement Holder Name:				
Mailing Address:	P.O. Box or Street	City	State	Zip
Contact Phone:				

Signature

By my signature below, I hereby certify the information on this application is true and correct to the best of my knowledge.

Applicant Name:			
Applicant Signature:		Date:	

Definitions

Organization:

- 1) the Department of Labor and Workforce Development, the Department of Public Safety, or another state agency that offers an activity meeting the requirements of 12 AAC 21 (a);
- 2) the Alaska Housing Finance Corporation (AHFC);
- 3) the University of Alaska;
- 4) the Alaska State Homebuilders Association;
- 5) the Alaska Professional Design Council;
- 6) the Alaska Building Science Network;
- 7) the Alaska Craftsman Home Program, Inc.;
- 8) the Associated General Contractors of Alaska.

Sponsoring Organization or Sponsor: The instructor, teacher, leader, or owner of the instructional materials, if different than the agency. Note that agencies may contract with sponsors outside their own organization, so check with any parties involved to find out the correct information before applying. Listing the incorrect organization or omitting the correct organization may result in an incomplete application.

Residential Endorsement Holder: The individual taking the course.

Business related topics:

- 1) building and property management;
- 2) finance and housing programs;
- 3) labor, safety, and health issues;
- 4) land development and environmental regulations;
- 5) marketing and customer service;
- 6) organization and business management;
- 7) trends and forecasting housing markets;
- 8) cardiopulmonary resuscitation (CPR), not to exceed two contact hours per licensing period; and
- 9) first aid, not to exceed two contact hours per licensing period.

The department will not accept more than a total of **eight contact hours** per licensing period for continuing competency activities in business related topics.

Technical topics:

- 1) architecture and interior design;
- 2) construction codes;
- 3) materials and energy issues;
- 4) remodeling issues; and
- 5) construction techniques.

The department will accept up to **16 contact hours** per licensing period for continuing competency activities in technical topics.

Contact Hours:

- 1) one contact hour for each consecutive 50-minute block of classroom instruction;
- 2) 15 contact hours for one academic semester credit;
- 3) ten contact hours for one academic quarter credit;

We are unable to award contact hours for time not spent in instruction, which may include lunch breaks, periodic breaks, time not in the classroom, courses not actually attended. Applications that do not break down the course time in one of these increments will not be accepted. Verification of this time will be required if a licensee is selected for audit per 12 AAC 21.670.



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FOR DIVISION USE ONLY

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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
TOTAL:			

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		