



Professional Licensing
PO Box 110806, Juneau, AK 99811
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Website: ProfessionalLicense.Alaska.Gov

Continuing Education Course Approval Application

Required Attachments for New and Recertifying Courses (Arrange the attachments in the order listed below):

1. Course outline, including sample handouts and text material.(Do not submit complete course including, books, videos and DVDs)
2. Quiz and test questions for internet and correspondence based courses.
3. Scheduled offering (dates and locations).
4. Instructor resume(s).
5. Explanation of attendance policy and provision for class make-up.
6. Attendance record form.
7. Sample of Certificate of Completion.
8. Correspondence provisions, if applicable.

PART I Application Type	
Application Type:	<input type="checkbox"/> New Application <input type="checkbox"/> Recertify Course Number: _____
Professional Designation:	<input type="checkbox"/> Mechanical Administrator <input type="checkbox"/> Plumber Journeyman (Dept. of Labor and Workforce Development) <input type="checkbox"/> Electrical Administrator <input type="checkbox"/> Electrical Journeyman (Dept. of Labor and Workforce Development)

PART II Course Information	
Course Title:	
Course Sponsor:	Provider Number:
Mailing Address:	P.O. Box or Street City State Zip
Contact Person Name:	Contact Phone:
Course Website:	Email Address:
Course Location(s):	Course Date(s):
Course Instructor(s):	
Presentation Method:	<input type="checkbox"/> Online <input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence
Number of contact hours requesting approval for:	DOL APPROVAL STAMP

PART III Course Code Information

<input type="checkbox"/> International Mechanical Code (IMC) — 2021 or later edition	Hours:	
<input type="checkbox"/> Uniform Plumbing Code (UPC) — 2018 edition or later edition	Hours:	
<input type="checkbox"/> National Electrical Code (NEC)— 2020 edition or later edition	Hours:	
<input type="checkbox"/> National Electrical Safety Code (NESC) — 2017 edition or later	Hours:	
<input type="checkbox"/> “Industry Related” for Journeyman Electricians only	Hours:	
<input type="checkbox"/> “Industry Related” for Journeyman Plumbers only	Hours:	

Part IV Signature

I hereby certify that the above information is true and complete to the best of my knowledge.			
Applicant Printed Name:			
Applicant Signature:		Date Signed:	