



HVACR BOARD
ARKANSAS DEPARTMENT OF LABOR AND LICENSING
 900 W Capitol, Suite 400, Little Rock, Arkansas 72201
 Phone 501-682-4500 TRS 800-285-1131
www.labor.arkansas.gov

APPLICATION FOR CEU COURSE APPROVAL

Date:	Training Method: (check all that apply) <input type="checkbox"/> Online <input type="checkbox"/> Classroom <input type="checkbox"/> Other (Specify)		
Title of Program:			
Sponsor/Provider:			
Mailing Address:			
Contact:	Phone:	Email:	
Instructor(s):			
<i>Attach copy of instructor(s) qualifications to teach course</i>			
Training Location Address (Physical Location):			
Date(s) of Training:			
Online Training: (must provide a web address):			
Credit Hours Requested:	Maximum Class Size:	Course Fee:	
Attendance Roster & How it is Maintained/Verified:			
<i>All course applications must attach a copy of the course outline, syllabus, agenda, and copies of written materials of the class.</i>			
<i>The HVAC/R Board reserves the right of visitation/or review of all courses by any duly authorized Board Member or Board representative of in person classes. The Board reserves the right to view any online/web class presentation without charge or fee for access.</i>			
<i>All approved classes will expire at the end of each code cycle and a new application shall be submitted.</i>			
<i>Signature of Applicant:</i>			<i>Date:</i>

Office Use Only

Date of Review:	Number of Hours Approved:	Course ID#:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Chief Inspector Signature:		Date:	
Program Manager Signature:		Date:	
<i>Reviewers Recommendations/Comments</i>			