

CHRIS DEAL Chairman

COURSE PRE-APPROVAL REQUEST

Full Name	A 1: / ·
Address	Applicant is.
City/State/Zip	
Phone #	
Well Contractor Certification #: <u>NCWC</u>	
Course Information: Ourse title	
2) Business/organization offering course	
B) Name and phone number of course instructor(s)	
Credit hours requested for the course(60	min. of <u>instructional</u> time = 1 CEU)
5) Course instruction format: \Box Live Presentation \Box Interaction	ve On-Line Course
5) Date(s), and time(s) of course	
7) Location of course (City, State, & Address)	
3) Course is: 🗌 Closed/Full	
	one, contact person):

Include with this form: A detailed timed agenda for the course *(including topics, course times and time allotted for meals and breaks)*, Qualifications for each instructor, Sample of completion certificate.

All courses must be pre-approved at least 30-days prior to the course date by the WCCC-<u>Review Committee</u>. Review Committee meeting dates are posted online on the "Meetings" page.

The information provided with this request is true and accurate to the best of my knowledge.

Signature of Applicant: _____

Submit this completed form with attachments to the address listed below.

For Internal Use Only	
First Review	Re-Review
Reviewed By: Date Reviewed:	Reviewed By: Date Reviewed:
□ Approved. CEU Granted:	□ Approved, CEU Granted:
□ Need Info, Approved upon receipt of:	□ Need Info, Approved upon receipt of:
□ Need Info, Re-Review upon receipt of:	□ Need Info, Re-Review upon receipt of:
Denied. Reason:	Denied. Reason: