



Continuing Education Instructor Approval Application

Department of Consumer & Business Services

Building Codes Division • 1535 Edgewater St. NW, Salem, Oregon

Phone: (503) 373-1268 • Fax: (503) 378-2322 • TTY: (503) 373-1358

Web: bcd.oregon.gov

Date received by BCD: _____

Courses and instructors are approved for the duration of a code cycle.

INSTRUCTIONS

1. Print clearly.
2. Include all requested information.

An incomplete application may delay evaluation of your qualifications.

INSTRUCTOR INFORMATION

Instructor name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ Fax: () _____ E-mail: _____

Course/program title: _____

QUALIFICATIONS

Please attach the following information:

- List of courses or subject matter you intend to teach
- Proof of your qualifications to teach the courses or subject matter you listed. Qualifications may include:
 - Appropriate license
 - Relevant degree
 - Other expertise

DEPARTMENT USE ONLY

Courses or subject matter: _____

Approved Signature: _____ Date: _____

Courses or subject matter: _____

Denied Signature: _____ Date: _____

Comments: _____

This form may be photocopied

