



Commonwealth of Massachusetts

Board of Building Regulations & Standards

The Building Official Certification Committee's Application for Continuing Education Credit Attachment B

Purpose: This application shall be used by an individual or organization:

1. seeking continuing education credit for a Special Seminar as defined in the Building Official Certification Committee's policy for maintenance of certification, or
 2. seeking continuing education credit for programs or courses of study offered by an approved code enforcement, certification or licensing agency, an accredited academic institution, or an approved professional organization.
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Part One:

Name of Applicant: _____

Address of Applicant: _____
(No. & Street)(City or Town)(State)(Zip Code)

Phone Number: _____
(w/area code)(Home)(Work)

Part Two:

Applicant seeks credit for: Special Seminar _____ Other program or course of study _____
(Check one)

Name of sponsor: _____

Address of Sponsor : _____
(No. & Street) (City or Town)(State)(Zip Code)

Phone Number of Sponsor: _____
(w/area code)

Give a brief description of the subject matter to be covered in the Special Seminar or program, or course of study: (If a program syllabus is available, please provide as part of this application)

Location of Special Seminar or program, or course of study:

(Name of institution)

(No. & Street) (City or Town) (State)(Zip Code)

Dates and times of Special Seminar or program, or course of study: _____

Cumulative number of hours covered by the Special Seminar or program, course of study: (If reporting a Special Seminar, state the allotted time for lunch and/or dinner break and other scheduled breaks.)

(Cumulative number of hours) (Lunch\Dinner Break, if applicable) (Other Breaks, if applicable)

Part Three:

Affidavit:

I do solemnly swear that the answers given by me on this application and the information contained on all attachments are the truth and are complete to the best of my knowledge.

Signature of Applicant _____ Date _____

Do not write in this space. Office use only.

Date: _____

Vote of Committee: _____ (Number of contact hours approved)

* Approved by the Building Official Certification Committee under procedures established for such purpose.

** The organization offering the Special Seminar or program, or course of study.

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