

NCOWCICB REQUIREMENTS FOR CONTINUING EDUCATION PROVIDERS AND CLASS CONTENT

- Provider must apply to NCOWCICB for approval of classes
- Provider shall submit the NCOWCICB Approval of Continuing Education Classes Application attached to these requirements
- Application for class approval must be received by NCOWCICB at least thirty (30) days prior to Board meeting. NCOWCICB meets each January and September.
- Approvals shall be issued for the classes only, blanket approvals for providers shall not be issued
- Approvals shall be issued annually
- Approval for classes shall not be retroactive
- All grade levels may receive credit for Level IV classes
- Provider shall submit to NCOWCICB class location and date a minimum of thirty (30) days prior to class being held
- Providers may apply for approval of classes that are less than total hours required for grade levels, however Provider must notify student, in writing, that full hour requirement for grade levels will not be met. A copy of said notification must be forwarded to NCOWCICB.
- Annual credit hours for all grade levels shall contain the following minimum:
 1. Minimum of one (1) hour of safety can be implemented within another topic
 2. Minimum of one (1) hour of NCOWCICB requirements and/or rules review. This presentation must be presented by NCOWCICB Chair or Executive Director for 18 hour introduction class and initial Inspector Class.
 3. Minimum of one (1) hour of NC 1900 rules review
- Provider of class shall present each attendee with an attendance certificate listing attendees name, providers name, credit hours received, and date of class.
- Approval or denial of request shall be done in writing to Provider within thirty (30) days of decision by the board
- Provider must submit attendance records to NCOWCICB within two weeks after class is held.

NCOWCICB

P O Box 132 Lawsonville, NC 27022

WWW.NCOWCICB.INFO EMAIL: csstephens@ncowcicb.info

FAX: 800-915-0371

COVER SHEET FOR REQUEST FOR CLASS APPROVAL

COMPLETE ALL BLANKS AND SUBMIT WITH APPROVAL REQUEST

CLASS PROVIDER NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ ST _____ ZIP _____

PHONE: _____ FAX: _____

EMAIL: _____

GRADE LEVEL REQUESTING APPROVAL FOR:

GL I GL II GL III GL IV INSPECTOR ALL LEVELS

Attached to cover sheet details of class being offered including, but not limited to, class content, instructor name and qualifications, location of class (if not offered at set site list as various), title/name of class, etc.

In the event that provider wishes to seek class approval in person at a NCOWCICB Board of Directors meeting, provider must make a request to be added to the meeting agenda a minimum of thirty (30) days prior to board meeting.