



Arkansas Home Inspector Registration Board

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Little Rock, AR 72225
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EMAIL: info@ahib.org WEBSITE: www.ahib.org

Application for Approval of Continuing Education Offering Part 1

Legal Name of Provider Organization: _____

Provider Organization Acronym: _____

Business Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Person Name: _____ Title: _____

Contact Telephone: _____ Admin. Contact Email: _____

Contact Information for Prospective Students/Attendees

Telephone: _____ Email address: _____

Website Address: _____

Official Name of Event Offering Multiple Courses (If Applicable)	Dates	Location
_____	_____	_____

The following **MUST** be submitted before this application will be presented to the Board for consideration.

1. Submit this completed form, along with one copy of Part 2 of this form for each individual course. Each session of a multi-part course shall be considered to be an individual course if students/attendees are allowed to attend fewer than all sessions.
2. For each course, submit an outline of all major topics, sub-topics, and issues that will be presented or discussed. This document must be a standalone document in standard multi-level business outline format. The scope of this document should be that of an **“instructor lecture outline” or “lesson plan”**, i.e. the checklist used by the instructor to make sure all information is covered. PowerPoint presentations are not acceptable to fulfill this requirement.
3. For on-site (classroom) courses, submit a professional business resume for each instructor which enumerates all employment, training, teaching experience, licensure, and certifications which are relevant to the course(s) being taught along with organizations and dates involved. Promotional biographies are not allowed.
4. Submit a copy of the certificate which will be provided to the student/attendee upon completion/passage of one or more courses. This document **MUST** contain the name of the organization (as reflected above), along with the course title, date, duration, and location (if applicable), and the Arkansas Home Inspector Registration Board approval number. A single document reflecting completion of multiple courses is acceptable if it contains all the information above for each course taken during the same multi-course event..
5. For single events offering multiple courses, such as conferences, provide the full event schedule or brochure with a listing of dates and times of course offerings.
6. FEES: Submit a check for \$45 payable to “AHIB” to cover the initial application fee and the first approved course. This fee is non-refundable. An invoice shall be sent to the applicant for \$25 for each additional course when approved. Approval numbers shall be assigned upon receipt of additional course fees.

OTHER REQUIREMENTS

This application and all items required above must be submitted at least 45 calendar days prior to presentation of the first course.

The Board shall not approve offerings in mechanical office and business skills such as typing, speed-reading, memory development, personal motivation, salesmanship, sales psychology, sales promotions or other made concerning the general business of a home inspector.

All courses approved shall be valid for one year upon approval provided that all course lengths, content, and instructors remain the same.

Additional regulations regarding attendance policies, advertising, course audits, etc. are set forth in Sections 800 through 811 of the Board Rules and Procedures, available at www.ahib.org/rules.pdf.

The undersigned attests that the Provider Organization noted above shall comply with all Arkansas Laws and the Rules and Procedures of the Arkansas Home Inspector Registration Board.

Printed Name and Title
Principal Officer of Provider Organization

Signature

Date

Arkansas Home Inspector Registration Board

Application for Approval of Continuing Education Offering Part 2

Legal Name of Provider Organization: _____

Official Course Title (Provide Course Number if Advertised): _____

Classroom Course Online (Internet) Course Correspondence Course

Instructor(s) (If Classroom Course) _____

Hours of Continuing Education Credit Requested: _____

Course Description (As Advertised):

Dates & Locations of this Course if an On Site Classroom Course

Date	Location (City, State)	Date	Location (City, State)

AHIB Use Only: Approval Date: _____ Approval Number: _____