APPLICATION FOR APPROVAL OF PROFESSIONAL SURVEYORS CONTINUING EDUCATION PROVIDER

State Form 49990 (R2 / 8-13)

STATE BOARD OF REGISTRATION FOR PROFESSIONAL SURVEYORS
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3022
E-mail: pla10@pla.IN.gov

INSTRUCTIONS:
1. *Attach descriptive course content outline for each course, pursuant 865 IAC 1-15-9, clearly expressing course objectives and indicating number of hours for each course.*
2. *Attach a professional biography of each instructor that indicates compliance with 865 IAC 1-15.*
3. *Attach a student evaluation form.*

Name of provider	
Address (*number and street, city, state, and ZIP code*)	
Telephone number ( )	E-mail address
Name of contact person	
Address (*number and street, city, state, and ZIP code*)	
Telephone number ( )	E-mail address

COURSES

COURSE NAME	HOURS

(Continued on the reverse side.)

INSTRUCTORS	
NAME OF INSTRUCTOR	NAME OF INSTRUCTOR

Do you agree to provide a certificate of course completion to every participant that completes your course(s) pursuant to 865 IAC 1-15-10?	☐ Yes	☐ No
Have you read and understand the statutes and rules regarding continuing education that were provided with this application?	☐ Yes	☐ No

FOR OFFICE USE ONLY	
☐ Approved	
☐ Tabled Reason:	
☐ Denied Reason:	
Signature of board	Signature of board