



APPLICATION FOR APPROVAL AS A PRE-LICENSING COURSE PROVIDER FOR HOME INSPECTORS

State Form 53929 (R / 7-21)

Approved by State Board of Accounts, 2010

HOME INSPECTORS LICENSING BOARD
 PROFESSIONAL LICENSING AGENCY
 402 West Washington Street, Room W072
 Indianapolis, Indiana 46204
 Telephone: (317) 234-3031
 E-mail: pla12@pla.IN.gov
 www.pla.IN.gov

FOR OFFICE USE ONLY	
Amount of fee	Reviewed by
Date fee paid (<i>month, day, year</i>)	Date registration issued (<i>month, day, year</i>)
Receipt number	Registration number issued

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION			
Name of school	Telephone number (<i>daytime</i>) ()		
Address (<i>number and street or rural route</i>)	City	State	ZIP code
Name of school owner	E-mail address		

LIST OF COURSE INSTRUCTORS	
<i>Please include a curriculum vitae for each instructor listed below.</i>	
1.	4.
2.	5.
3.	6.

SUBMIT THE FOLLOWING INFORMATION WITH YOUR APPLICATION

1. Statement of Objectives: Each school should have learning objectives and these should be made known to potential enrollees in your advertisement. How is your school going to meet this requirement?

2. Responsible Person(s) for Education: Who within your school will be developing and implementing your educational program? What are the credentials of this person / these people?

3. Maintenance of Records: It is required that schools maintain records for those who complete courses for a minimum of five (5) years. How do you propose to accomplish this?

4. Facilities: It is required that courses be administered in an environment conducive to learning. Where do you anticipate that your school will be conducting its courses? Include pictures of the facilities if available?

5. Adequate funding: How will your educational programs be financed?

6. Program Evaluation: It is required that some sort of tool is available to course enrollees, in which they can measure the quality and effectiveness of the course. How will your school ensure course evaluation is adequate? If you have already created an evaluation form, please attach that form to this

7. Course Completion Record: It is required that course enrollees who successfully complete the course are given some tangible record of their attendance and completion. How will you provide this? If you have already created a certificate of completion, or other form of verification, please attach that to this application.

8. Retroactive Course Approval: Course providers may be able to verify that their previously offered courses would have met requirements for approval by the Board. These course provider approvals will be made retroactive to accommodate students who completed these previously offered courses prior to the beginning of licensure in Indiana (July 1, 2005). Please provide a statement accompanying documentation to verify the date for which you believe your course curriculum would have met the requirements for approval by the Board.

PLEASE ATTACH THE FOLLOWING INFORMATION WITH YOUR APPLICATION

1. Exit Examination Materials: Each applicant must provide the Board with documents to verify the course will include an acceptable exit examination, which shall be required for all enrollees before successful completion of the course.

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant

Date signed (*month, day, year*)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency, or the Home Inspectors Licensing Board, any files, documents, records or other information pertaining to the named individual or organization requested by the Agency, Board or any of their authorized representatives, in connection with processing this application for approval of an organization to provide Pre-Licensing courses.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organization, persons and institutions from any liability with regard to such inspection or furnishing of such information.

I further authorize the Professional Licensing Agency, or the Home Inspectors Licensing Board to disclose to the aforementioned organization, persons and institutions any information which is material to my application, and I hereby specifically release the Agency and Board from any and all liability in connection with such disclosures.

I also agree to periodic State monitoring of our programs at the discretion of the Home Inspectors Licensing Board.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant

Date signed (*month, day, year*)