

STATE OF NEW MEXICO  
Construction Industries Division  
Mechanical Bureau  
P.O. Box 25101  
Santa Fe, NM 87504-5101

COURSE APP  
MB-CE 12-09

CONTINUING EDUCATION FOR MECHANICAL/PLUMBING JOURNYMEN

**APPLICATION FOR COURSE APPROVAL**

**COURSE:**

Title: \_\_\_\_\_ Open To Public? [ ] Yes [ ] No  
Actual Hours of Instruction: \_\_\_\_\_ Cost \$ \_\_\_\_\_

**CERTIFICATE ISSUED BY:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone \_\_\_\_\_  
Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**INSTRUCTORS:**

Name: \_\_\_\_\_ Date Approved: \_\_\_\_\_  
Name: \_\_\_\_\_ Date Approved: \_\_\_\_\_

(NOTE: Please attach the following documentation, additional material may be included with this application.)

**COURSE OUTLINE and FORMAT:** (Please attach or give general description of the course & anticipated class size.)

**SCHEDULE OF CLASSES:** (Include location, date and time.)

**MATERIAL/VISUAL AIDS:** (Include texts and references.)

**ATTACH COPIES OF THE FOLLOWING:**

1. Certificate of Completion
2. Student Evaluation Process
3. Instructor Evaluation Card

**FOR DIVISION USE ONLY**

**COURSE:**

- Hours of Instruction
- Approved Instructors
- Class Schedule
- Student Evaluation
- Cost to Participant
- Course Outline
- Material/Samples

**CERTIFICATE:**

- Date of Course
- Title of Course
- Location of Course
- Sponsor Name
- Number of Hours
- Attendees Name and Journeyman Certificate #
- Instructor Name(s)

**EVALUATION CARD:**

- Date of Course
- Title of Course
- Location of Course
- Instructor Name(s)
- Rating (Poor, Fair, Good, etc.)

DENIED                      DATE: \_\_\_\_\_ REASON: \_\_\_\_\_

APPROVED DATE: \_\_\_\_\_ BY: \_\_\_\_\_ EFFECTIVE FROM: \_\_\_\_\_ TO: \_\_\_\_\_