



The Commonwealth of Massachusetts
Division of Occupational Licensure
Board of Registration of Home Inspectors

Home Inspector Continuing Education Course Proposal

THIS FORM MUST BE EMAILED TO THE BOARD
homeinspectorsboard@mass.gov

- Before completing the information below, please review the Board's regulations at 266 CMR 5.00 regarding continuing education requirements and Provider approval which are available on the Board's website at www.mass.gov/dpl.
- A Provider may not use the name of the Board in connection with the offering until the Board has issued its approval.
- Complete a separate proposal form for each course. If multiple proposals are submitted together, materials must be organized and collated with its respective forms.

PROVIDER INFORMATION

Provider Name	
Address	
Phone	URL

AUTHORIZED AGENT

The Authorized Agent must be authorized to act on behalf of the Provider named above in all matters before the Board of Registration of Home Inspectors, including but not limited to, disciplinary matters; approval or denial of course proposal; maintenance of student records; regular correspondence; and any other matters deemed by the Board to be necessary to ensure that the minimum criteria established by the Board for continuing education is met.

Name	
Phone number	Email

COURSE INFORMATION

Course Title	
Location	
Course Length (hrs)	Proposed Dates

The following materials and/or documents must be submitted together with this application.

- A list of all texts and materials used in teaching the course.
- A detailed description of the course content, including a subject matter outline. The outline MUST include the time spent on each topic.
- Description of educational objectives.
- Description of each instructor's qualifications, including their education, training, and experience.
- If the course listed herein is proprietary and not owned by the Provider, please provide a letter from the course's owner which authorizes use of the course by the Provider.

Failure to include all required materials with a completed form may result in denial of course approval.

I, _____, Authorized Agent for the Provider named herein, state under the pains and penalties of perjury that all of the information contained in this application and the accompanying materials and/or documents is true and correct. I further attest that all instructors used in the offering of the course named herein are qualified under the criteria of the Massachusetts Board of Registration of Home Inspectors and included as part of this application.

Signature of Authorized Agent

Date