

**Commonwealth of Massachusetts**  
**OFFICE OF CONSUMER AFFAIRS**  
**DIVISION OF OCCUPATIONAL LICENSURE**

**Board of State Examiners of Plumbers and Gasfitters**

**1 Federal Street, Suite 0600**

**Boston, MA 02110-2012**

**PROVIDER APPLICATION FORM**

**(1) Application Agreement**

Pursuant to 248 CMR 11:00 I hereby apply for approval from the Board of State Examiners of Plumbers and Gas Fitters to offer continuing education courses in accordance with 248 CMR 11:04(1). 12-clock hours are required for Massachusetts Licensed Journeymen and Master Plumbers and 6-clock hours are required for Licensed Massachusetts Journeymen and Master Gas Fitters, and Undiluted Liquefied Petroleum Gas Installers. I also agree to abide by all Board Regulations governing mandatory continuing education for the above type Licensee's, and further attest that all statements made herein are accurate and true.

I AGREE

I DO NOT AGREE

**(2) Provider Information**

1. Provider's Agent: \_\_\_\_\_ Title: \_\_\_\_\_
2. Type of Provider: \_\_\_\_\_ Labor Program Name: \_\_\_\_\_
3. Address: \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Provider email address (required) \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_
5. I am making application to conduct Continuing Education course/seminars for the following licensee type(s):
- M-Plumber ☐ J-Plumber ☐ M-Gas Fitter ☐ J-Gas Fitter ☐ ULP-Gas Installer ☐

**(3) Provider Query**

1. Are you currently Certified by the Massachusetts Department of Education Occupational Division? Yes ☐ No ☐
2. Will you be conducting courses/seminars within the borders of Massachusetts? Yes ☐ No ☐
3. If you answered no to the above question (2), list the state or states that you will be conducting course/seminars in:
- Use state abbreviation(s)
4. Are you presently conducting Plumbing or Gas related courses/seminars? Yes ☐ No ☐
5. If you answered yes to question (4), check applicable block(s):
- M-Plumber ☐ J-Plumber ☐ M-Gas Fitter ☐ J-Gas Fitter ☐ ULP-Gas Installer ☐ Other ☐

**(4) Instructor Information Notes**

**Licensed Instructor(s):** Shall possess a current Master Plumber or Master Gas Fitter license.

1. Complete the Instructor Information Form – Part (A) for licensed Master Plumbers/Gas Fitters under your providership that will be teaching the 6-hour and 12-hour courses of continuing education.
2. Each Instructor shall submit a resume, and enclose it with this application.

**Unlicensed Instructor(s):** Shall demonstrate competency in a specialty field to be considered for Board approval.

1. Complete the Instructor Information Form – Part (B) for all unlicensed individuals under your providership that will be teaching a specialty related class or classes as part of the 6-hour and 12-hour courses of continuing education.
2. Each unlicensed Instructor shall submit a resume, and enclose it with this application.

**Note:** Resumes' shall include the instructor's education history, and teaching experience history.

**(5) Provider Requirements (Note: to ensure your application is complete prior to submittal, check each box when done)**

- ☐ 1. Complete and submit the Provider Application Form with all required documentation.
- ☐ 2. Complete and submit the Provider Agreement Form along with the appropriate fee, to the Board for review and approval
- ☐ 3. Submit a detailed outline for each course of study offered, to include lesson plans.
- ☐ 4. Provide proof of General and Fiduciary Liability Insurance in the amount of \$1,000,000 per policy.
- ☐ 5. Provide proof of Workman's Compensation insurance in the amount of \$500,000.

☐ **By checking the box and signing this application you are certifying under the pains and penalties of perjury that all of the information entered on this application, to include attached documentation, is true and accurate.**

**Provider signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note: A fee is yet to be determined by the Commissioner of Administration and Finance.**

- a. The Board will accept applications at this time. Once the fee is determined by the Commissioner of Administration and Finance, the Board will notify each Provider.
- b. Upon notification the Provider shall forward to the Board a check payable to the Commonwealth.

### PART (A) & (B) - MCE INSTRUCTOR INFORMATION

## **PART (A) LICENSED MASTER PLUMBERS**

[illegible]

## PART (B) UNLICENSED SPECIALTY FIELD INSTRUCTORS

NAMES	ADDRESS	SPECIALTY FIELD	COURSE(S) JP – MP – JGF – MGF - ULPGI