

North Dakota State Electrical Board
P.O. Box 7335
Bismarck, ND 58507-7335

Course Approved ID: ND # _____

Continuing Education Course Application

NEC Code Year: _____ Classroom or Online: _____

CEU Class Title _____

Sponsor of Class _____

Web Site Address _____

Contact Person _____ E-Mail Address _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Number of continuing education hours requested: _____ *Code* _____ *Non-code*

“Must” include and submit a comprehensive, detailed outline of the subject matter together with the time and the sequence of each segment AND materials, and visual aids being used for the course. Also, submit a copy of the certificate being used.

Dates: _____ Location: _____ Instructor: _____

Is this course approved in any other state? Yes No

If yes, please list which states and attach your approval letter from each with this application:

Signature _____ Date _____

*****FOR OFFICE USE ONLY*****

Approved: Code Hours _____ Non-Code Hours _____

Disapproved - Reason _____

Date _____