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**NC Landscape Contractors’ Licensing Board**

P.O. Box 20875, Raleigh, NC 27619

T: 919-266-8070/ F: 919-782-9470

ce@nclclb.com

CONTINUING EDUCATION PROVIDER APPLICATION

**PLEASE TYPE OR PRINT:**

Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Continuing Education for License Year: \_\_\_\_\_\_\_\_

Type of activity (check all that apply): \_\_ Educational \_\_ Teaching \_\_ Self-directed

**Contact information:**

(If you are an educational activity provider and have a website link that goes directly to a course registration page, please list it below. This information will be placed on the NCLCLB website in order for licensees to sign-up for the course.)

Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s company/organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website link: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information required for activity approval:**

Course # if this is a previously approved activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Activity Time(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Address where activity will be held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/ZIP where activity will be held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website link for course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or other option how attendees register for course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note:** If any activity is offered more than one time per year at more than one location, please provide a complete list of dates and locations. The activity cannot be posted on the Board website as approved until dates and locations are provided.

Activity synopsis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Activity presenter and credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Official Sponsor(s) [if there is (are)]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Self-Directed and Teaching Activities**

1. Briefly, but succinctly, describe the activity’s importance to a practitioner of landscape contracting as defined by GS89D.

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1. Explain the activity’s applicability and relevance to the protection of health, safety, the environment, the welfare of the public, and the furtherance of the landscape profession. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. If you are teaching the activity described in this application and are a licensed landscape contractor you may earn personal CEU credits.
2. If you participated in a professional organization or community service group (board, committee, etc.), explain your responsibilities, interaction with other professionals, and the extent and type of issues addressed. Explain why this activity should qualify for CEUs.

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**Please submit event Agenda with times, with a short synopsis of each course for NCLCLB approval, along with any supporting or marketing materials with this application.**

**21 NCAC 28B .0402 CONTINUING EDUCATION UNITS**

(f) Requests for pre-approval shall be submitted at least 45 days prior to the first day of the course or event.

Please verify you have carefully included the following: **Who, What, Where, When** and **How**, so interested individuals can easily understand and register for your event.

***IMPORTANT: By signing this application, you attest that as the course provider, you will maintain attendance records for this course for one year after the date of this course.* 21 NCAC 28B .0405 (b)**Signature of provider or applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NC Landscape Contractors’ License number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_