**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**



Requests for pre-approval must be submitted at least 45 days prior to activity.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Application: |       | # Credits Requested: Landscape |     | Business: |     |

**Contact Information:**

|  |  |
| --- | --- |
| Applicant’s Name: |       |
| Company/Organization: |       |
| Mailing Address: |       |
| City/State/Zip: |       |
| Email:  |       | Phone: |       |

**Information Required for Activity Approval:**

|  |  |
| --- | --- |
| Course # if this is a previously approved activity: |       |
| Activity Title: |       |
| Activity Date(s)\*: |       |
| Activity Time(s): |       |
| Location\*: (where activity will be held) |       |
| Location address: |       |
| Location city/state/zip/county: |       |
| Website link for course: |       |
| How will attendees register? (phone, email, website) |       |
| Official Sponsor(s), if any: |       |
| Is NCDA Pesticide License credit requested or approved for this activity? |  Yes [ ]  No [ ]  |

\*If activity is offered more than one time per year at more than one location, please provide a complete list of dates and locations.

**Activity Description:** (Describe course objectives and importance to a practitioner of landscape contracting as defined by GS89D)

      **Presenter(s) and credentials:**

**Please submit event agenda with times, a short synopsis of each course and presenter bios.
Include marketing materials.**

***IMPORTANT: By signing this application (including digital signature), 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)), will submit attendance sign-in sheet(s) and will provide each landscape contractor attendee with an official NCLCLB Proof of Attendance Certificate at the conclusion of the course.***

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| Signature of provider or applicant: |        | NCLC# (if applicable):      |