



Iowa Plumbing & Mechanical Systems Board

Application for Continuing Education Electronic Learning Course Approval

This application must be submitted to: Iowa Department of Public Health
 Plumbing & Mechanical Systems Board
 321 E 12th Street
 Des Moines, IA 50319

Course Name: _____

Please Note: Only 1 course may be submitted per application form.

Type of Electronic Training:

- CD-ROM/ DVD Training On-line Internet Training
- Video Based Training Other – _____

Course Contents:

Mark all categories course content will cover and actual classroom hours.

- Safety – _____ Hours (Ex: Iowa Occupational Safety & Health Act, First Aid, CPR, AED Training cards)
- State of Iowa plumbing code update – _____ Hours
- State of Iowa mechanical code update – _____ Hours
- Discipline
- Plumbing – _____ Hours
- HVAC – _____ Hours
- Refrigeration – _____ Hours
- Hydronics – _____ Hours

Cost: \$ _____

Is the course open to the public? Yes No

Would you like the course information posted on the Iowa Department of Public Health website?
 Yes No

| Person Authorized to Monitor & Verify Attendance/Course Completion (Required) | | |
|--|-------------|--------------|
| The authorized person listed below is required to submit a course completion roster to the Iowa Plumbing and Mechanical Systems Board within 30 days from the date of completion of a course. If any course changes occur, it is the authorized person's responsibility to inform the Board. | | |
| Last Name: | First Name: | |
| Title: | | |
| Mailing Address One: | | |
| Mailing Address Two: | | |
| City: | State: | Zip: |
| Daytime Phone: | | Email: |
| Signature: | | Date Signed: |

| Course Information (If applicable) | | |
|---|--------|------|
| Name of Organization/Institution/Developer of course: | | |
| Contact Person: | | |
| Mailing Address One: | | |
| Mailing Address Two: | | |
| City: | State: | Zip: |
| Phone: | Email: | |

| Sponsoring Institution/Business for Course (If applicable) | | |
|---|-------------|------|
| Sponsor Institution/Business Name: | | |
| Sponsor Contact Person Last Name: | First Name: | |
| Mailing Address One: | | |
| Mailing Address Two: | | |
| City: | State: | Zip: |
| Phone: | Email: | |

| Instructor information (If applicable) | | |
|---|--------|------|
| Instructor Name: | | |
| PMSB Instructor ID #: | | |
| Mailing Address One: | | |
| Mailing Address Two: | | |
| City: | State: | Zip: |
| Phone: | Email: | |

The completed application must be submitted to:

Iowa Department of Public Health
 Plumbing & Mechanical Systems Board
 Attn: CEU Clerk
 321 E 12th Street
 Des Moines, IA 50319
 Fax: 515-281-6114
 Email: pmsb@idph.iowa.gov

Additional Required Information (attach to this application)

1. Course Outline: attach course outline or give a general description of the course content
2. Brief Summary of the Training Product
3. Qualifications and Resumes of Training Designers
4. Copy of CD-ROM/ DVD/ Visual Aids/ or materials – include test and references that will be used in course.
5. Schedule of Courses – include scheduled location, dates and times course is available.
6. Course Contact Information – provide contact information that may be distributed by the Plumbing and Mechanical Systems Board to licensees interested in taking this course.
7. Certificate of Completion: attach a copy of the proposed certificate
8. List of any other States that have approved this Course
9. Cost of Electronic Training Course

List a minimum of three people of varying backgrounds along with a summary of their credentials, who have reviewed the product. (Attach extra sheets if needed):

1. Name: _____
Credentials: _____

2. Name: _____
Credentials: _____

3. Name: _____
Credentials: _____

How long did it take each person listed above to complete the course?

1. _____
2. _____
3. _____

On average how long does it take a person to complete the course?

How is individual course registration tracked? _____

What security procedures are used to verify course attendance? _____

How are contact hours tracked? _____

Who will track and report the Continuing Education Credit hours? _____

How will this reporting be done? _____

Is there a person registered who will proctor the student taking the course?

Testing Procedures

a) What are the testing procedures? _____

b) Are there any time limits? _____

c) Are there any retake limits? _____

d) Is the course proctored? _____

e) Where is the test taken? _____

f) Can quizzes be taken before training is complete? _____

| | |
|---|--|
| For Office Use Only <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Reviewed By: _____ Date Reviewed: _____ |
| Course Number: _____ | Processed by: _____ Date: _____ |
| Notes: | |



Iowa Plumbing & Mechanical Systems Board

Continuing Education Information

**IOWA DEPT. OF PUBLIC HEALTH
PLUMBING AND MECHANICAL SYSTEMS BOARD
LUCAS STATE OFFICE BUILDING
321 E. 12th STREET
DES MOINES, IOWA 50319
866-280-1521**

This document provides information to Continuing Education providers offering courses to plumbing and mechanical systems license holders in the State of Iowa. Continuing Education providers should also review Iowa Code section 105.20 and Iowa Administrative Code r. 641-30.1 through 30.8 for additional requirements and rules governing continuing education for plumbers and mechanical systems license holders.

1. For courses to be accepted for continuing education credit, COURSES AND INSTRUCTORS must have prior approval of the board. Approved courses must be delivered by approved instructors and approved instructors must deliver approved courses for the course to be accepted for continuing education credit. Applications for course approval should be filed at least sixty days prior to the course date.
2. All courses must be pre-approved by the Plumbing and Mechanical Systems Board, the Board's Continuing Education Committee, or the Board's Executive Officer, or his or her designee.
3. All continuing education courses approved by the Iowa Plumbing and Mechanical Systems Board are subject to audit by current Plumbing and Mechanical Systems Board members. Instructors and institutions/businesses offering courses to Iowa plumbing and mechanical systems professionals for the purpose of satisfying continuing education requirements for continued licensure shall permit members of the Plumbing and Mechanical Systems Board to attend classes, in full, without charge for attendance. Reasonable fees for course materials will be paid by the Plumbing and Mechanical Systems Board. Board members who hold discipline licenses will not be permitted to obtain continuing education credit for their discipline license by auditing courses.
4. At the conclusion of an approved continuing education course, the instructor shall inform each student that a survey of the course may be completed and submitted by the student to the Plumbing and Mechanical Systems Board through either a Board approved written evaluation form or an internet-based form.
5. At the conclusion of the course, each student completing a continuing education course approved by the Plumbing and Mechanical Systems Board shall be issued a Certificate of Completion by the Continuing Education provider. The Certificate of Completion shall include the following:
 - First name, last name and PMSB license number of the participant
 - Course name
 - Course ID#
 - Date of course
 - Actual number of hours of course attendance, including the number of hours of Plumbing Code, Mechanical Code, IOSHA, and/or discipline study
 - Instructor's first name, last name and Board Approval ID#
 - Signature of Instructor (electronic signature accepted)

6. Within 30 days of the completion of the course, the instructor or authorized person shall submit to the Board a typed or electronic course completion roster for the course. This roster shall include the following:

- First names, last names and PMSB license numbers of all participants
- Course name
- Course ID #
- Date of course
- Location of course
- Actual number of hours of course instruction, including the number of Plumbing Code, Mechanical Code, IOSHA, and/or discipline study
- Instructor's first name, last name and Board Approval ID#
- Signature of Instructor (electronic signature accepted)

These may be submitted:

By Fax to: 515-281-6114

By Mail to: **IOWA DEPT. OF PUBLIC HEALTH
PLUMBING AND MECHANICAL SYSTEMS BOARD
LUCAS STATE OFFICE BUILDING
321 E. 12th STREET
DES MOINES, IOWA 50319**

7. Within 30 days of the completion of an electronic course, the instructor or authorized person shall submit to the Board a typed or electronic course completion roster for the course. This roster shall include the following:

- First names, last names and PMSB license numbers of all participants
- Course name
- Course ID #
- Date of course
- Location of course
- Actual number of hours of course instruction, including the number of Plumbing Code, Mechanical Code, IOSHA, and/or discipline study
- Instructor's first name, last name and Board Approval ID# (if applicable)
- Signature of Instructor or authorized person (electronic signature accepted)

These may be submitted:

By Fax to: 515-281-6114

By Mail to: **IOWA DEPT. OF PUBLIC HEALTH
PLUMBING AND MECHANICAL SYSTEMS BOARD
LUCAS STATE OFFICE BUILDING
321 E. 12th STREET
DES MOINES, IOWA 50319**

8. Applications for renewal of Instructors shall be submitted every three years. Applications for renewal are encouraged to be submitted within 120 days prior to the instructor's renewal date.
9. Applications for renewal of courses shall be submitted annually. Applications for renewal are encouraged to be submitted within 60 days prior to course's renewal date.
10. Course ID numbers and Board Instructor ID numbers shall not be published or provided to the public or licensee in any documents other than the completion certificate.



Iowa Plumbing & Mechanical Systems Board

Continuing Education Information

IOWA DEPT. OF PUBLIC HEALTH
PLUMBING AND MECHANICAL SYSTEMS BOARD
LUCAS STATE OFFICE BUILDING
321 E. 12th STREET
DES MOINES, IOWA 50319

The following information is to assist in filing applications for continuing education courses. The following pre-approvals need to be obtained in order for a course to be recognized by the Iowa Plumbing and Mechanical Systems Board for license renewal.

Application for Continuing Education Instructor Approval

Application for Continuing Education Course Approval

Or

Application for Continuing Education Electronic Learning Course Approval

Application for Continuing Education Instructor Approval

One copy of this form is required to be submitted for each instructor seeking approval from the Iowa Plumbing and Mechanical Systems Board to provide continuing education courses. If approved, the instructor ID is valid for three years.

In the section "Instructor", provide personal contact for the individual instructor.

In the section "Business or Institution Information", provide contact information if the instructor is an employee of a business or institution offering continuing education courses. If the instructor is self employed, indicate "Self Employed" on the "Name" line of this section.

In the section "Instructor Qualifications" an applicant must demonstrate appropriate competency to instruct continuing education programs/activities.

1. If seeking approval to instruct in the content areas of the plumbing and/or mechanical codes or the Iowa Occupational Safety and Health Act, the individual must possess specialized education or training relevant to the subject matter; or
2. If seeking approval to instruct in the content area of a prescribed practice discipline, the individual must possess specialized education, training, or experience relevant to the subject matter.

Instructor experience may be verified by letters of verification from educational institutions, state, city, or county entities requiring such instruction, or other groups directly associated with updating knowledge of the applicable subject matter.

COPIES OF THE FOLLOWING MAY BE SUBMITTED:

1. Trade License Held
2. Teaching Degree
3. Other Qualifying Documentation

Board approval for an instructor shall be valid for three years in duration.

Application for Continuing Education Course Approval

One copy of this form is required to be submitted for each course seeking approval from the Iowa Plumbing and Mechanical Systems Board. If approved, the course is valid for three years.

In the section "Course Information", provide the name of the course, explanation of course content hours, and cost. Attach the below required information on course content to the application.

Additional Required Information (attach to this application)

1. Course Outline: attach course outline or give a general description of the course content
2. Materials/ Visual Aids – include test and references that will be used in course.
3. Schedule of Courses – include proposed scheduled locations, dates and times
4. Course Contact Information – provide contact information that may be distributed by the Plumbing and Mechanical Systems Board to licensees interested in taking this course.
5. Certificate of Completion: attach a copy of the proposed certificate
6. Course Roster: attach a copy of the proposed course roster

In the section "Instructor Information", provide the information for any instructors who will be teaching the course. Additional instructor names can be added at the end of the application.

Board approval for a course shall be valid for one year in duration.

Application for Continuing Education Electronic Learning Course Approval

One copy of this form is required to be submitted for each course seeking approval from the Iowa Plumbing and Mechanical Systems Board. If approved, the course is valid for three years.

In the section "Course Information", provide the name of the course, type of electronic course, explanation of course content hours, and cost.

For the section "Person Authorized to Monitor & Verify Attendance", identify the authorized person required to submit a course completion roster to the Iowa Plumbing and Mechanical Systems Board within 30 days from the date of completion of a course. If any course changes occur, it is the authorized person's responsibility to inform the Board.

Additional course information required:

Additional Required Information (attach to this application)

1. Course Outline: attach course outline or give a general description of the course content
2. Brief Summary of the Training Product
3. Qualifications and Resumes of Training Designers
4. Copy of CD-ROM/ DVD/ Visual Aids/ or materials – include test and references that will be used in course.
5. Schedule of Courses – include scheduled location, dates and times course is available.
6. Course Contact Information – provide contact information that may be distributed by the Plumbing and Mechanical Systems Board to licensees interested in taking this course.
7. Certificate of Completion: attach a copy of the proposed certificate
8. List of any other States that have approved this Course
9. Cost of Electronic Training Course



Iowa Plumbing & Mechanical Systems Board

Continuing Education Guidelines for Licensees

IOWA DEPT. OF PUBLIC HEALTH
PLUMBING AND MECHANICAL SYSTEMS BOARD
LUCAS STATE OFFICE BUILDING
321 E. 12th STREET
DES MOINES, IOWA 50319

Continuing Education Requirements for Licensees

The continuing education compliance period shall begin on the date the license is issued and end on the date the license expires.

Each three year licensure period a master or journey licensee holding a **single** trade license is required to complete a minimum of 8 hours of board-approved continuing education. The required distribution of hours is as follows:

- 4 hours in the prescribed practice discipline.
- 2 hours (minimum) applicable Iowa plumbing or mechanical code
- 2 hours in the content area of the Iowa Occupational Safety and Health Act

Each three year licensure period a master or journey licensee holding a **multiple** trade license is required to complete a minimum of 14 or 16 hours of board-approved continuing education. The required distribution of hours is as follows:

- 8 hours in any of the prescribed practice disciplines
- 2 hours (or 4 hours) applicable Iowa plumbing and/or mechanical code
(Note: If you hold a license under both plumbing and mechanical code this number will be 4 hours)
- 4 hours in the content area of the Iowa Occupational Safety and Health Act

For both single and multiple trade licensees up to two hours of board-approved continuing education each three year license period may be obtained through computer-based continuing education programs/activities approved by the board.

The board may conduct audits of a licensee's license renewal application to review compliance with continuing education requirements. Upon request, the licensee must submit to the board an individual certificate of completion issued to the licensee or evidence of successful completion of the course from the course sponsor or course instructor. These documents must contain the course title, date(s), contact hours, sponsor and licensee's name. In some instances, licensees will be requested to provide to the board additional information, including, but not limited to, program content, objectives, presenters, location, and schedule. An inclusive brochure may meet this requirement.

Upon board request, a licensee must submit all information within 30 calendar days following the board's request

For a complete listing of continuing education requirements see IAC 641 – Chapter 30.



Iowa Plumbing & Mechanical Systems Board

Sample Certificate of Completion

| Participant Information | | |
|-----------------------------|-----------------------|-------------------------------|
| Last Name: | First Name | IA PMSB License #: |
| Course Information | | |
| Course Name | Date of Course | IA PMSB Course Approval # |
| Instructor Information | | |
| Instructor Last Name | Instructor First Name | IA PMSB Instructor Approval # |
| Course Sponsor Information | | |
| Sponsor Name | | |
| Sponsor Contact Information | | |

Course Contents:

Identify applicable hours of continued education for the above listed course

- Safety – _____ Hours (Ex: Iowa Occupational Safety & Health Act, First Aid, CPR, AED Training cards)
- State of Iowa plumbing code update – _____ Hours
- State of Iowa mechanical code update – _____ Hours
- Discipline
 - Plumbing – _____ Hours
 - HVAC – _____ Hours
 - Refrigeration – _____ Hours
 - Hydronics – _____ Hours

Instructor Signature: _____

Date: _____

Note: For course approval, please include a copy of a sample certificate with the course pre-approval documentation.



Plumbing & Mechanical Systems Board

Continuing Education Course Roster

This roster must be submitted to the Plumbing & Mechanical Systems Board 30 days after the completion of the course.

Submit completed forms to:

Iowa Department of Public Health
 Plumbing & Mechanical Systems Board
 321 E 12th Street
 Des Moines, IA 50319

Fax: 515-281-6114

| | | |
|-----------------------|------------------------|---------------------------------------|
| Course Name/Title: | PMSB Course Number: | Date of Course: |
| Location of Course: | | |
| Address One: | | |
| Address Two: | | |
| City | State | Zip |
| Code Hours: | Safety Hours: | Discipline Type: Discipline Hours: |
| Instructor Last Name: | Instructor First Name: | Instructor PMSB Number: |
| Instructor Signature: | | |

| Student Information | | | |
|---------------------|------------|----------------------------------|---------|
| Last Name | First Name | PMSB License Number *Required | Address |
| | | | |
| | | | |
| | | | |



Iowa Plumbing & Mechanical Systems Board

Schedule of Courses for Training Calendar

The Iowa Plumbing and Mechanical Systems Board website hosts a training calendar which displays upcoming board-approved Continuing Education Courses for licensees. There is no fee associated with the posting of courses to the calendar. The training calendar may be viewed at: <http://www.idph.state.ia.us/PMSBTrainingCalendar/Calendar.aspx>.

In order to post a course to the calendar, please complete one form for each approved course number. If a single course will be offered for multiple dates then one form may be used to notify of multiple dates/locations. Informational flyers, course outlines, brochures, etc may also be linked to the course announcement.

Please submit the form a minimum of 7 days and no more than one year prior to the course date.

Due to the ongoing enrollment of electronic courses, all e-courses will be posted to the 1st Sunday of each month as applicable.

| | | |
|---|---------------------------------|-----------|
| Contact Name: | | |
| Address One: | | |
| Address Two: | | |
| City: | State: | Zip Code: |
| Telephone #: | Email Address: | |
| Instructor's Approval # CEUI _____ | Course Approval # CEUC _____ | |
| Signature of Instructor or Authorized Person: | | |

Please submit completed forms to:

**IOWA DEPT. OF PUBLIC HEALTH
PLUMBING AND MECHANICAL SYSTEMS BOARD
LUCAS STATE OFFICE BUILDING
321 E. 12th STREET
DES MOINES, IOWA 50319**

Toll Free 1-866-280-1521

Fax 515-281-6114

Iowa Plumbing & Mechanical Systems Board Continuing Ed (04/13) Course Schedule

| |
|--------------|
| Course Name: |
|--------------|

| | | |
|---------------------|--------------------|------------------|
| Course Date: | Course Start Time: | Course End Time: |
| Course Location: | | |
| City | State | Zip |
| Course Date: | Course Start Time: | Course End Time: |
| Course Location: | | |
| City | State | Zip |
| Course Date: | Course Start Time: | Course End Time: |
| Course Location: | | |
| City | State | Zip |
| Course Date: | Course Start Time: | Course End Time: |
| Course Location: | | |
| City | State | Zip |
| Course Date: | Course Start Time: | Course End Time: |
| Course Location: | | |
| City | State | Zip |
| Course Date: | Course Start Time: | Course End Time: |
| Course Location: | | |
| City | State | Zip |

If additional dates are available please copy this page as needed.