



PROFESSIONAL DEVELOPMENT ELECTIVES APPLICATION FORM

This form is required for anyone intending to apply up to 12 hours of Professional Development Electives toward their 24 hours of annual In-service credit. Additionally, students must complete at least 12 hours of Division of Building Standards and Codes (DBSC) approved training annually. *Please do not submit this form until all of the Professional Development Electives are completed for the year.*

Instructions:

1. Complete your personal information (name, address, etc.)
2. List the course name, sponsor name, completion date and credit hours for the course(s) you wish to use for your professional development electives. All of this information must be completed for each course in order to qualify as a professional development elective. Incomplete information will not be considered.
3. Meetings, roundtable discussions and prerecorded videos are not acceptable as professional development electives.
4. A certificate or proof of attendance must be issued by the course sponsor in order to be accepted as a professional development elective. Do not submit the proof of attendance with this form but maintain it with your records in the event that you are audited by DBSC.
5. College level courses worth 3 or more credit hours (3 hours a week per semester) shall be worth 12 hours of in-service credit.
6. Courses can only be credited towards in-service training within the year that they are completed.
7. Please return the completed form to the address listed above.

First Name: _____ Middle Initial: _____ Last Name: _____

DBSC Student Training ID Number: _____

Municipality/State Agency/Organization (if applicable): _____

Mailing Address: _____

Indicate if this address is: Home: _____ Business: _____

Business Phone: _____ Cell Phone: _____ Home Phone: _____

E-mail address: _____

Current Certification:

Building Safety Inspector

Code Enforcement Official

DBSC Use Only	
Date Received: _____	Audited By: _____
Approved By: _____	Date Approved: _____
Audit Date: _____	Verification Date: _____

