NYS Department of State
DIVISION OF LICENSING SERVICES

Bureau of Educational Standards
P.O. Box 22001
Albany, NY 12201-2001
Phone: (518) 486-3803
Fax: (518) 408-2524
www.dos.state.ny.us

HOME INSPECTION CONTINUING EDUCATION EQUIVALENCY EDUCATION CREDIT APPLICATION

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

- Applications and evidence of equivalency credit must be submitted for consideration no later than 30 days prior to the expiration of the Home Inspection license.
- No fee is required for this application.
- A maximum of 24 hours of credit will be granted for each license cycle.

THIS APPLICATION IS A REQUEST FOR CONTINUING EDUCATION EQUIVALENCY CREDIT FOR A NEW YORK STATE HOME INSPECTION LICENSE BASED ON THE FOLLOWING: CHECK THE BOX THAT APPLIES TO YOU AND SUBMIT THE REQUESTED INFORMATION.

[ ] **OUT OF STATE EDUCATION NOT APPROVED BY THE DEPARTMENT OF STATE**

Please submit official documentation of satisfactory completion and an official course outline which includes a breakdown of topics and hours. If you are licensed in another state, please submit a copy of your license.

[ ] **INSTRUCTOR OF NYS APPROVED QUALIFYING OR CONTINUING EDUCATION COURSES**

(Two hours of continuing education credit for each hour of instruction during a license cycle.)
Please submit a statement from the course coordinator indicating the qualifying and/or continuing education courses taught by you, the dates of those courses and a copy of your instructor approval letter. Credit shall not be awarded for teaching the same course more than once in a license cycle.

APPLICANT'S NAME | UNIQUE ID # | NUMBER OF HOURS REQUESTED

HOME ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION)

CITY | STATE | ZIP+4

BUSINESS ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION)

CITY | STATE | ZIP+4

BUSINESS TELEPHONE | HOME TELEPHONE

( ) | ( )

Applicant's Affirmation: I subscribe and affirm the penalties of perjury that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

Applicant's Signature _____ *Date* _____

FOR OFFICE USE ONLY

LICENSE TERM _____ HOURS OF CREDIT _____

HOME INSPECTION UNIQUE I.D. NO. _____ APPROVAL/DENIAL MAILED _____