New York State
**Department of State**
**Division of Building Standards and Codes**
One Commerce Plaza
99 Washington Avenue, Suite 1160
Albany, NY 12231-0001
(518) 474-4073
Fax: (518) 474-5788
www.dos.ny.gov

# 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: _____ Vertification Date: _____

# Professional Development Electives Application Form

| Course Name | Sponsor/Presenter Name | Completion Date | Credit Hours* |
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(If more space is needed please complete an additional form.)

* Credit hours shall be the number of hours reflected on the certificate issued for the course. If no hours are indicated on the certificate than it shall represent the number of credit or contact hours that the course sponsor maintains in their records for the course.

**I certify that I have participated in the classes listed and that I currently maintain all documentation required under 19NYCRR Part 1208 for verification of my attendance and completion for each course. I understand that I am subject to an audit by DBSC for up to 3 years. I also understand that by not providing the proper documentation as described in Part 1208 or falsifying documents, I forfeit any of the above credit and that my certification is subject to inactive status or revocation.**

Signature of Applicant: _____Date:_____

Print Name:_____