

SD Electrical Commission
308 S Pierre St
%1320 E Sioux Ave
Pierre, SD 57501
1.800.233.7765
605.773.3573
Fax 605.773.6213

Continuing Education and Instructor Application

Sponsored by: _____

Name: _____ Phone #: _____

Address: _____
(Street) (City) (State & Zip)

Class Title: _____

Date of Class: _____ Course Fee: \$ _____

Code hours: _____ Non-code hours: _____ Total hours: _____

Class Location: _____

Is this course approved in any other state? _____ If yes, please list which states and attach your approval letter from each with application: _____

- Submit a comprehensive, detailed outline of the subject matter together with the sequence of each segment, materials, and visual aids being used for the course.

- Submit a copy of certificate being used. (In-state classes will be issued an attendance sign-up sheet and an evaluation form with course approval.)

Instructor Qualifications

Instructor's Name: _____ Phone#: _____

Instructor's Address: _____

- Describe professional or trade experience evidenced by an appropriate license or degree. (attach additional information or materials as needed)

- Describe any other training/experience gained in the electrical trade industry. (attach additional information or materials as needed)

- Names of additional instructors other than persons listed above.

Signature of Applicant

(for office use only)

Approved

Code: _____

Non-code: _____

Disapproved

Reason: _____

JJ Linn, Executive Director

Date