REQUEST FOR CONTINUING EDUCATION CREDIT

Applicant Information:

Full Name ____________________________________________
Address ______________________________________________
City/State/Zip __________________________________________
Phone # ________________________________________________
Well Contractor Certification #: NCWC ________ - _____

Applicant is:
☐ Course attendee
☐ Course instructor/provider

Course Information:

1) Course title __________________________________________
2) CE PIN#: ____________________
   (The CE PIN# is on the list of preapproved courses at www.wellcontractors.nc.gov on the Continuing Education page.)
3) Business/organization offering course _______________________
4) Credit hours requested for the course _____________ (60 min. of instructional time = 1 CEU)
5) Date(s), and time(s) of course ______________________________
6) Location of course (City, State; Website) _______________________

Attachments:

Include with this form:
   Proof of attendance (certificate listing total hours earned, or pre-approved group sign-in sheet)
   If submitting documentation for attending at least 75% of professional meetings (Chap 27.0820)
   also include the schedule of meetings for the year and proof of which meetings were attended.

The information provided with this request is true and accurate to the best of my knowledge.

Signature of Applicant: _________________________________ Date: ___________

Submit this completed form with attachments to the address listed below.

WCC-8b
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