# COURSE PRE-APPROVAL REQUEST

## Applicant Information:

<table>
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<tr>
<th>Full Name</th>
<th>Address</th>
<th>City/State/Zip</th>
<th>Phone #</th>
<th>Well Contractor Certification #</th>
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Applicant is:
- [ ] Course attendee
- [ ] Course instructor/provider

## Course Information:

1. Course title

2. Business/organization offering course

3. Name and phone number of course instructor(s)

4. Credit hours requested for the course ________ (60 min. of instructional time = 1 CEU)

5. Course instruction format:
   - [ ] Live Presentation
   - [ ] Interactive On-Line Course

6. Date(s), and time(s) of course

7. Location of course (City, State, & Address)

8. Course is:
   - [ ] Closed/Full
   - [ ] Open (provide contact info to register- website, phone, contact person): 

Include with this form: A detailed timed agenda for the course (including topics, course times and time allotted for meals and breaks), Qualifications for each instructor, Sample of completion certificate.

All courses must be pre-approved at least 30-days prior to the course date by the WCCC-Review Committee. Review Committee meeting dates are posted online on the "Meetings" page.

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.

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### For Internal Use Only

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<thead>
<tr>
<th>First Review</th>
<th>Re-Review</th>
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<td>Date Reviewed:</td>
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