

NEBRASKA STATE ELECTRICAL BOARD  
1220 LINCOLN MALL, SUITE 125  
PO BOX 95066 LINCOLN, NE 68509-5066  
TEL: (402) 471-3550 FAX: (402) 471-4297

CONTINUING EDUCATION INSTRUCTOR AND COURSE APPLICATION  
LB193, LB215-1993 LEGISLATION

DATE: \_\_\_\_\_ SED COURSE NUMBER: \_\_\_\_\_

**Sponsoring Organization of School**

NAME: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**Course Instructor**

NAME: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ COURSE TITLE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

COURSE HOURS: \_\_\_\_\_ CODE HOURS: \_\_\_\_\_ OTHER HOURS: \_\_\_\_\_

DATE OF COURSE (MANDATORY): \_\_\_\_\_ COURSE COST: \_\_\_\_\_

COURSE EXACT LOCATION: \_\_\_\_\_

DURATION AND TIME OF COURSE: \_\_\_\_\_

**QUALIFICATIONS FOR INSTRUCTORS**

1. Describe professional or trade experience evidenced by an appropriate license or degree. (Additional information may be attached)
  
2. Describe any other training/expertise gained in the electrical trade industry. (Additional information may be attached)
  
3. Names of additional instructors other than persons listed above. (Additional information may be attached)

**COURSE OUTLINES**

1. A comprehensive, detailed outline of the subject matter together with the sequence of each segment, faculty for each segment, and teaching technique used in each segment. (Additional information may be attached)
  
2. Give a complete description or copies of all material and/or visual aids to be distributed to participants. (Materials may be attached)
  
3. Schedule of classes—list dates, locations, time, and duration of course. (Separate sheet may be attached)
  
4. List the procedure for measuring attendance.
  
5. Evidence of completion IE: copy of certificate/receipt

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF APPLICANT**

**DATE**

(FOR SED USE ONLY)

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**SED COURSE NUMBER:** \_\_\_\_\_

**APPROVED:** \_\_\_\_\_ **DENIED:** \_\_\_\_\_

**ACTION REQUIRED FOR APPROVAL OF DENIED APPLICATION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Mike Bouwens**  
**Chief Electrical Inspector**

\_\_\_\_\_  
**Date**