



KENTUCKY BOARD OF HOME INSPECTORS

656 Chamberlin Avenue, Suite B

Frankfort, Kentucky 40601

(502) 564-7760

<http://bhi.ky.gov>

KBHI-5

APPLICATION FOR CONTINUING EDUCATION COURSE

This application and all supporting materials shall be submitted to the Kentucky Board of Home Inspectors at the address listed above.

APPLICANT INFORMATION	
Name of Provider	Provider Number
Contact Person	Contact Telephone

COURSE INSTRUCTORS	
1.	4.
2.	5.
3.	6.

HOURS REQUESTED		
Credit Hours Requested:	Credit Hours Approved:	Course Number assigned:
(From 1 to 6)	(Office Use Only)	(Office Use Only)

COURSE INFORMATION	
1. What is the name of this course?	
2. Has this course been previously approved? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If "Yes", what is the CE ID Number?	
3. Will this course be presented in a classroom, or online / livestream? <input type="checkbox"/> Classroom <input type="checkbox"/> Online / Livestream NOTE: If Online / Livestream, you must attach proof or an explanation of your attendance verification process.	
4. Is this a technical or non-technical course? <input type="checkbox"/> Technical <input type="checkbox"/> Non-Technical	Board Approved Category (Office Use Only) <input type="checkbox"/> Technical <input type="checkbox"/> Non-Technical

REQUIRED SUPPLEMENTAL DOCUMENTATION	
You must attach official copies of each of the following documents to your application:	
<input type="checkbox"/> Course Description (syllabus)	<input type="checkbox"/> Curriculum Vitae for each course instructor (including name and address)
<input type="checkbox"/> Course Curriculum	<input type="checkbox"/> Sample Certificate of Completion
<input type="checkbox"/> Course Agenda (including hours and breaks)	



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APPLICANT AFFIRMATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby swear or affirm, under the penalty of perjury, that the statements made in this application are true, complete and correct. I further authorize the Kentucky Board of Home Inspectors to investigate and confirm the information submitted in this application and all attachments.

I hereby authorize and direct any person, firm, officer, corporation, association, organization, or institution to release to the Kentucky Board of Home Inspectors, any files, documents, records, or other information pertaining to the named individual or organization requested by the Board or any of their authorized representatives, in connection with processing this application for approval of a continuing education course.

I hereby release the aforementioned persons, firms, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Kentucky Board of Home Inspectors to disclose to the aforementioned organizations, persons, and institutions, any information, which is material to this application, and I hereby specifically release the Board or its representatives, from any and all liability in connection with such disclosures.

I also agree to periodic monitoring of our programs at the discretion of the Kentucky Board of Home Inspectors.

I also acknowledge and understand that any information provided in this application that is found to be fraudulent, will be used to deny the application or if registration has been issued, revocation or suspension of the registration.

A copy of this affirmation and authorization for release of information has the same force and effect as the original.

Signature of Applicant

Date