

**CONTINUING EDUCATION
PROGRAM APPROVAL APPLICATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
MAINE STATE BOARD FOR LICENSURE OF ARCHITECTS, LANDSCAPE ARCHITECTS AND
INTERIOR DESIGNERS**

MAILING ADDRESS:
35 STATE HOUSE STATION, AUGUSTA, ME 04333-0035
EMAIL JAZMYNE.MARKS@MAINE.GOV
PHONE 207 624-8524
TTY USERS CALL MAINE RELAY 711

PROGRAM SPONSOR: _____
(school, organization or individual applying for program approval)

CONTACT PERSON: _____
(person to whom the Board should direct any communication regarding program approval)

ADDRESS: _____
(include city, state, and zip code)

PHONE: _____ **EMAIL:** _____
(include area code)

PROGRAM TITLE: _____

INSTRUCTOR(S): _____

- APPLICATION TYPE** *(Check one)*
- ORIGINAL APPLICATION
 - RENEWAL APPLICATION *(Complete box on right)*
- FORMAT** *(Check all that apply)*
- LIVE DELIVERY
 - Classroom Setting
 - Synchronous Distance

**No form of asynchronous distance education will be approved.*

HOURS REQUESTED _____

RENEWAL APPLICATIONS ONLY
Program number _____
Program expiration _____
Describe any changes to original application:

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER _____
(please print)

MAILING ADDRESS _____
(please print)

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my credit card the following amount: \$ _____

CARD NUMBER: _____ **EXPIRATION:** _____

I understand that fees are non-refundable.

SIGNATURE _____ **DATE** _____

**CONTINUING EDUCATION
PROGRAM APPROVAL APPLICATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
MAINE STATE BOARD FOR LICENSURE OF ARCHITECTS, LANDSCAPE ARCHITECTS AND
INTERIOR DESIGNERS**

MAILING ADDRESS:
35 STATE HOUSE STATION, AUGUSTA, ME 04333-0035
EMAIL JAZMYNE.MARKS@MAINE.GOV
PHONE 207 624-8524
TTY USERS CALL MAINE RELAY 711

PROGRAM SCHEDULE: If known, list the dates and locations program will be offered. Notify the Board as classes are scheduled.

NEEDS ASSESSMENT: Explain how the need for this program was established.

METHOD OF INSTRUCTION: Indicate the method(s) to be used (i.e., lecture, video, team teaching, panel discussion, etc.)

MATERIALS TO BE USED: List/describe the materials to be used (i.e., handouts, visual aids, etc. Include the name and author of any texts or other published material to be used.)

INSTRUCTOR: Attach a brief resume of instructor's qualifications in relation to the course topic.

LEARNING OBJECTIVES & COURSE OUTLINE

Attach to this application the following:

- A sheet listing the learning objectives. The learning objectives are the specific skills, and knowledge participants are expected to gain as a result of completing this program.
- A detailed program outline that defines the learning objectives. The outline should include the approximate amount of time to be spent on each topic.

CERTIFIED STATEMENT OF PROGRAM PROVIDER OR AUTHORIZED SCHOOL OFFICIAL

By submitting this application, I hereby agree to abide by the requirements and conditions set forth by Rule Chapter 19 of Maine State Board for Licensure of Architects, Landscape Architects and Interior Designers Rules and Regulations pertaining to continuing education programs and certify that the information contained in this application is accurate and true to the best of my knowledge and belief.

Signature of Program Sponsor or Authorized School Official

Date

THE FOLLOWING ATTACHMENTS MUST BE INCLUDED WITH THIS APPLICATION

- Learning Objectives
- Timed Program Outline
- Instructor Resume