



# Licensed Environmental Professionals Request for Course/Seminar Approval

<b>STATE USE ONLY</b>
Date Received:
Date Referred to the Board:

Please submit this completed form to the Board of Examiners of Environmental Professionals at the address indicated at the end of this form. Print or type unless otherwise noted.

## Part I: Requestor Information

<b>Requestor:</b>			
Name (Last, First, M.I.):			
Address:			
City/Town:	State:	Zip Code:	
Phone:	ext.	Fax:	
Email:			
<b>LEP License # (if applicable):</b>			

## Part II: Course/Seminar Information

1. Title of Course/Seminar:		
2. Course/Seminar Provider:		
Contact Name (if different than above):		
Address:		
City/Town:	State:	Zip Code:
Phone:	ext.	Fax:
Email:		
3. Location of Course/Seminar:		
4. Date(s) Course/Seminar Offered/Taken:		
5. Is the Course/Seminar for college credits or CECs?		
6. If the Course/Seminar is provided by a University or College, is the school accredited?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. <b>College Course:</b>		
Provide the number of semester hours taken:		
Course Type (check one): <input type="checkbox"/> Audit <input type="checkbox"/> Pass/Fail <input type="checkbox"/> Grade (specify): _____		

**Part II: Course/Seminar Information (continued)**

8. **Seminar:**  
**Provide the number of contact hours:** \_\_\_\_\_

(Please note: pursuant to RCSA section 22a-133v-2(e)(1)(B), a contact hour means an hour that a licensee spends attending an instructional seminar, exclusive of registration, meals, administrative activities or social functions. A seminar must be a minimum of 2 contact hours. Be sure to indicate the start time, break times, lunch and what time it ends in the syllabus provided as an attachment as indicated below. )

**Part III: Attachments**

**The following must be submitted with this completed form:**

1. A written outline or syllabus: indicate detailed timeline, i.e., Start time, breaks, lunch, end time, etc.
2. Detailed description of the course/seminar
3. Qualifications of the Instructor(s)

**The following may be requested:**

1. A copy of any instructional materials used.

Note: Please submit this completed Form and all Supporting Documents to:

STATE OF CONNECTICUT  
BOARD OF EXAMINERS OF ENVIRONMENTAL PROFESSIONALS  
c/o REMEDIATION DIVISION, 2<sup>nd</sup> FLOOR  
BUREAU OF WATER PROTECTION AND LAND REUSE  
DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127

Should you have any questions, please contact Kim Maiorano, Board Administrator, at [kim.maiorano@ct.gov](mailto:kim.maiorano@ct.gov) or 860-424-3788.

Please note: If there are any substantive changes to the course or instructors, you must notify the Board and you may be required to reapply for course approval.

**Board Use Only**

All information received?  Yes  No                      If No, letter sent (date): \_\_\_\_\_

Referred to Board (date): \_\_\_\_\_                      Approved by Board (date): \_\_\_\_\_

Denise Ruzicka, Chairman: \_\_\_\_\_