

INSTRUCTIONS:

- Complete this form if you are an organization wishing to be approved by the Department for the purposes of offering a comprehensive education program for home inspectors
- Enclose required materials for each course submitted for review
- Submit completed form by mail to: Employment Relations Division • Registration Section • PO Box 8011 • Helena, MT 59604-8011

Visit us online at www.mtcontractor.com or call (406) 444-7734 for assistance

REQUIREMENTS:

Per ARM 24.33.431 (3), the organization must demonstrate that its educational program meets the following criteria in order to be approved by the Department:

- consists of at least 40 hours of instruction;
- is comprehensive and covers at least the following topics: roofing; exterior; interior; structural; electrical; plumbing; heating and cooling (HVAC); insulation; fireplace and chimney; ethical business practices, professional standards, and reports;
- conducts a valid assessment of students' knowledge and understanding of the subject matter being taught in order to demonstrate successful completion. The organization shall describe in detail how the assessment is made, and the criteria by which a student is deemed to have successfully completed the educational program.

COURSE TITLE: _____

SPONSORING ORGANIZATION: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

DESIGNATED CONTACT PERSON: _____

CONTACT PHONE: _____ **CONTACT EMAIL:** _____

Course Length (in hours): _____

Method of instruction: (check all that apply)

- classroom setting or seminar
- self-study
- electronic media
- correspondence
- teleconference
- computer-based training
- (specify) _____
- remote training

Attach the following material to each submission:

- method of attendance verification
- a syllabus or course outline, including a summary of each course topic
- method of administering examination/assessment
- detailed explanation of how the assessment is made, and the criteria by which a student is deemed to have demonstrated successful completion
- method of student record maintenance
- a list of other states that have approved the course (if any)

I request that the Montana Department of Labor & Industry / Employment Relations Division review the attached materials for approval of this course. I certify that the information submitted regarding this course is true and correct. I understand that the Department of Labor & Industry / Employment Relations Division may request additional materials.

Printed Name _____ Title _____

Signature _____ Date ____ / ____ / ____

This section for Department use only

Course Title _____
Date Approved _____
Date Denied _____
Reviewed by _____
