

# CONTINUING EDUCATION INSTRUCTOR APPROVAL FORM

Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Company \_\_\_\_\_

Position/Title \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone: \_\_\_\_\_

Educational Background: \_\_\_\_\_

\_\_\_\_\_

Provider Name and Number: \_\_\_\_\_

License#: \_\_\_\_\_ State: \_\_\_\_\_

Designations Earned: \_\_\_\_\_

Other Significant Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you, or any firm that you have been affiliated with, ever had any administrative action taken against you that resulted in a suspended or revoked license? \_\_\_\_\_

If you answered yes to the previous question, please attach a detailed narrative along with documentation relevant to the administrative action to this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please click on the SUBMIT button below when complete or email the form to [ce@doi.idaho.gov](mailto:ce@doi.idaho.gov)

**SUBMIT**