## STATE OF CALIFORNIA BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT DIVISION OF CODES AND STANDARDS OCCUPATIONAL LICENSING PROGRAM



## NOTIFICATION OF INTENT TO PRESENT A PRELIMINARY OR CONTINUING EDUCATION COURSE

INSTRUCTIONS: As specified in California Code of Regulations, Title 25, Division 1, Chapter 4, Subchapter 2, Section 5332 (hereinafter 25CCR),

this form must be completed and submitted to the California Department of Housing and Community Development at least ten (10) (Type or Print) days prior to presentation of a preliminary or continuing education course, except for a correspondence course or course challenge. More than one course and/or date and time of presentation may be reported on this form. COURSE PROVIDER NAME: \_\_\_\_\_ ADDRESS: Number and Street State E-MAIL ADDRESS (If applicable): TIME(S) NOTE: More than one date and/or time may be shown if all other information is the same. DATE(S) COURSE TITLE APPROVAL NUMBER(S) \_\_\_ COURSE PRESENTATION LOCATION Facility Name Number and Street City ZIP Code State APPROVAL NUMBER(S) \_\_\_ INSTRUCTOR NAME(S) \_\_\_ Last Last CLOCK HOURS \_\_ DATE(S) TIME(S) NOTE: More than one date and/or time may be shown if all other information is the same. COURSE TITLE COURSE PRESENTATION LOCATION Facility Name City ZIP Code Number and Street INSTRUCTOR NAME(S) \_ \_ APPROVAL NUMBER(S) \_\_ Last CLOCK HOURS NOTE: More than one date and/or time may be shown if all other information is the same. DATE(S) TIME(S) COURSE TITLE APPROVAL NUMBER(S) \_\_\_ COURSE PRESENTATION LOCATION\_\_\_\_ Facility Name Number and Street City ZIP Code INSTRUCTOR NAME(S) APPROVAL NUMBER(S) Firet Last CLOCK HOURS \_\_\_\_

DATE(S)	TIME(S)	NOTE: More than one date and/or time may be shown if all other information is the same.				
		COURSE TITLE				
		APPROVAL NUMBER(S) _				
		COURSE PRESENTATION LOCATION				
					Facility Name	
		Number and Street		City	State	
		INSTRUCTOR NAME(S)	First	Last	APPROVAL NUMBER(S	)
			First	Last		
		CLOCK HOURS		2401		
DATE(S)	TIME(S)	NOTE: More than one date and/or time may be shown if all other information is the same.				
		COURSE TITLE				
		APPROVAL NUMBER(S) _				
		COURSE PRESENTATION LOCATION				
					Facility Name	
		Number and Street		City	State	ZIP Code
		INSTRUCTOR NAME(S)	First	Last	APPROVAL NUMBER(S	)
			First	14		
		CLOCK HOURS		Last		
DATE(S)	TIME(S)	NOTE: More than on	e date and/or ti	me may be show	vn if all other information is the	he same.
		COURSE TITLE				
		APPROVAL NUMBER(S) _				
		COURSE PRESENTATION LOCATION				
					Facility Name	
		Number and Street		City	State	ZIP Code
		INSTRUCTOR NAME(S)	First	Last	APPROVAL NUMBER(S	)
			First	Last		
		CLOCK HOURS		Last		
DATE(S)	TIME(S)	NOTE: More than one date and/or time may be shown if all other information is the same.				
		COURSE TITLE				
		APPROVAL NUMBER(S) _				
		COURSE PRESENTATION LOCATION		·		
				Facility Name		
		Number and Street		City	State	ZIP Code
		INSTRUCTOR NAME(S)	First	Last	APPROVAL NUMBER(S	)
			First	Last		
		CLOCK HOURS		Lasi		