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Governor

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James M. Morgan
Executive Director

CONTINUING EDUCATION NON-TRADITIONAL CE REQUEST FORM

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This form is to be completed by a certificate holder who wishes to request acceptance of continuing education (CE) hours from a provider and/or course that is not currently on the Board's list of approved providers and/or courses. **YOU MUST FILL OUT ALL REQUESTED INFORMATION, ATTACH DOCUMENTATION REQUESTED IN SECTION D, AND SUBMIT PAYMENT OF THE \$25 NON-TRADITIONAL CE REQUEST FEE FOR CONSIDERATION. THIS FEE IS NON-REFUNDABLE EVEN IF YOUR REQUEST IS NOT APPROVED.**

SECTION A: CERTIFICATE HOLDER INFORMATION

Name: _____ Certification #: _____

Address: _____

Telephone: _____ Email: _____

SECTION B: COURSE INFORMATION

Date of course attended: _____

Course title: _____

Course Instructor(s): _____

CE Hours Requested (Courses must be a minimum of 1 hour): _____

Resource Material (Include multi-media equipment or other instructional aids): _____

Please select a course type (you may choose more than one):

- | | |
|--|--|
| ☐ Appliance Installation | ☐ Engineering |
| ☐ Business Operations | ☐ Gas Piping Theory |
| ☐ Finance/Business Management | ☐ OSHA/Job Safety |
| ☐ Alabama Law/Rules and Regulations | ☐ ICC Codes |
| ☐ Plumbing Theory | |
| ☐ Other (Describe): _____ | |

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SECTION C: COURSE PROVIDER INFORMATION

Name of Provider: _____

Street Address: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Contact Person: _____

Email Address: _____

Website: _____

SECTION D: REQUIRED DOCUMENTATION

These documents must be attached to this form for your request to be considered:

- Certificate of completion of course
- Notarized letter from provider outlining provider's information, instructor's names and credentials, content of course, and your completion of course

SECTION E: FEES: This application must be submitted along with \$25.00 nontraditional continuing education request fee. Payment can be made via e-check or credit card by filling out the appropriate form or by mailing check or money order.

SECTION F: CERTIFICATION OF INFORMATION AND UNDERSTANDING

By my signature below, I acknowledge that I understand that if any required information has not been provided, my application will not be considered. I also understand that the \$25 request fee is nonrefundable and is charged whether my request is approved or denied. I understand that my request must be reviewed for approval by the Board and if it is not approved prior to the deadline for completing continuing education requirements, I may be subject to a deficiency plan and deficiency fee. I understand that continuing education requirements must be completed prior to renewal of my certification and that if my certification is not renewed by December 31, I will be subject to a late renewal penalty. I understand that approved nontraditional CE courses must comply with the standards for approved providers and courses set forth in Ala. Admin. Code r 720-x-21-.05 and 720-x-21-.06.

Signature: _____

Date: _____