National Radon Safety Board
NRSB
Certified Radon Professionals

NRSB Course Approval Application

This application is to be used for **INITIAL** Course Instructor Approval. You may email all applications and supporting documents to info@NRSB.org (preferred)
Fax – 914-345-1169 or mail to: NRSB, 14 Hayes Street, Elmsford, NY 10523.
Approval is subject to review and evaluation by the NRSB.

Instructor's Name: _____

Company Name: _____

Contact Name: _____

Business Address: _____

City, State, Zip: _____

Mailing Address (if different) _____

Telephone_____   Fax: _____

E-mail: _____   Website: _____

Course Details

- Review this course for: ☐ Initial Course   ☐ Continuing Education Credits   *(You may select both)*
- This course is primarily for: ☐ Testers   ☐ Mitigators   *(You may select both)*
  - o Please note that **all approved courses** count towards CEU requirements in all categories!
- Are there prerequisites for this course: ☐ Yes   ☐ No

  If yes, what is required (please list on a separate sheet, if necessary)

  _____

  _____

- If you have had a course previously approved by the NRSB, please list the title of the most recently approved course:

  _____

- Type of learning (course, publication, attendance at meeting, e.g.)_____

- Learning method (in person, online, webinar, e.g.) _____

  - o If this course will be given in person, in which location(s)?_____

- Activity Duration: _____

- How frequently will the course be given?_____

- Who will be the course instructor(s)?_____

*AN INSTRUCTOR APPROVAL APPLICATION **MUST BE** SUBMITTED FOR EACH INSTRUCTOR!*

The following documents must be submitted with this application:

- An outline and/or syllabus of the course

- A copy of the certificate to be presented to students upon course completion

- All printed text and multimedia to be used during the instruction of this course

- Include copies of the quiz(zes) and the respective answer sheet(s)
  - This quiz <u>must have</u> 5 questions per CEU
- A copy of the Student course evaluation form
- Any other credentials supporting this request

Requestor's Signature & Title _____ Date _____

APPLICATION FEES:

The fee is based on the number of credits offered by the course:

Number of credits _____ X $25.00 = _____ Total Application Fee (non-refundable)

Example: an 8 credit course X $25.00 = $200.00 (Non-refundable)

To be complete by the NRSB Education Committee:

Date Received: _____ Reviewer Name:_____

Course Approved: ☐ Yes ☐ With Changes ☐ No

Instructor Name:_____ Approved: ☐ Yes ☐ No

Reviewer Signature:_____

Date Course Provider Notified:_____

Date Required Changes Made: _____Course Expiration Date:_____