



Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Trade and Consumer Protection

PO Box 7837, Madison, WI 53707-7837

Phone: (608) 224-4942 Email: DATCPWeightsAndMeasures@wisconsin.gov

NO FEE
FOR OFFICE USE ONLY
DATE ISSUED:
CERT NUMBER:
DATE RECEIVED:

EDUCATIONAL COURSE APPROVAL APPLICATION

Wis. Stat. [§§101 and 168](#) Wis. Admin. Code [§ ATCP 93.240](#) Wis. Admin. Code [§SPS 305.08](#)

Instructions: Use this form to request review of an educational course relating to the educational requirements for certified individuals (see list below). **Print all information clearly.** Attach a detailed explanation of how this course relates to the job responsibilities of the certification area(s) for which this course may provide continuing education credit. Attach a complete course outline to this application. The outline must describe in detail the subject matter to be taught, the total length of the course, and the length of time on each subject. If submitting a correspondence course, also submit the handout(s) and/or CD(s). Send a copy of the completed application form and attachments to the address above at least 30 days prior to the date the course will be offered.

Mail the completed form and materials to:

Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Trade and Consumer Protection
 PO Box 7837
 Madison, WI 53707-7837

ENTITY APPLYING FOR COURSE APPROVAL			
LEGAL NAME OF BUSINESS/APPLICANT (first, middle, last):		D/B/A:	
CONTACT PERSON (first, last)		COUNTY:	
STREET ADDRESS:		CITY:	STATE: ZIP:
PHONE (including area code) () -	CELL PHONE: () -	FAX NUMBER (if available): () -	E-MAIL (if available):

COURSE INFORMATION	
Course Name/Title:	DATCP Course Number (for renewals):
Check the box of the certification categories to which the course listed above should apply*.	
<input type="checkbox"/> Aboveground Tank System Installer Certification <input type="checkbox"/> Underground Tank System Installer Certification <input type="checkbox"/> Tank System Inspector Certification	
*Not all SPS 305 related certifications require continuing education.	
Comments:	

FOR COURSE REVIEWER ONLY - If denied please indicate reason in the space provided below

COURSE APPLICATION CONTENT

Wisconsin Administrative Code [§305.08](#) , Continuing Education approval requires that the applicant attach a complete course outline to the application. Courses for educational credit shall relate to the respective certification. If a course is viewed by the bureau as primarily a promotion of a specific manufacturer or product, the course application will be denied. The course content must provide an actual training experience. The following is a guide to clarify what the complete course outline must contain for the reviewer to evaluate:

1. A list of specific topics to be covered in the program.
2. The total length of the course, and the length of time on each subject (in 1/2 hour increments, i.e. 30 minutes, 60 minutes, 90 minutes, etc.)
3. A statement of program goal(s) and performance objectives achieved in the program.
4. Identification of instructors by topic, along with the instructor's specific qualifications in the topic area.
5. Identification of the instructional methods and materials to be used in the course.
6. The evaluation instrument used to assess student achievement of performance objectives.
7. All proposed revisions to previously approved course outlines must be reviewed and approved by the division at least 30 days prior to implementation.

Courses may be divided into short, independent courses so that a participant may receive credit for specific hours attended or completed. For example, a 12-hour course may be divided into four 3-hour courses. Students could attend or complete one course for three hours of credit, two for six hours of credit, etc. If the course is divided into short independent courses, submit a separate Educational Course Application for each part. If the course is a seminar or workshop, a person must attend the entire course approved for the specific hours of credit, not arriving late or leaving early.

RESPONSIBILITIES OF COURSE PROVIDER

Course providers shall maintain an attendance record of those individuals who have completed the course for at least three years from the date the course was held. The attendance record shall include the course name, the course identification number, the date the course was held, the name of each attendee, and the attendee's complete certification number (obtained from their certification card).

Course providers are required to report continuing education credits to DATCP within 10 days of completion of the course.

APPROVED COURSES

When the course is approved, a letter will be sent to the course provider that will contain the following: the hours of approved credit; the certifications to which the hours of approved credit apply; the expiration date of the course approval; and a course identification number.

The division may specify different numbers of hours of approved credit for different certifications. It is recommended that hours of credit for the specific certifications be included in advertising for the course. If the course is a seminar, the hours of credit for specific certifications included should be posted at the site where the course will be taught. The division may make advertising or promotion available to the course provider in an appropriate division publication. Please e-mail inquiries or the application to:

DATCPWeightsandMeasures@wisconsin.gov. If a course approval is not renewed and is held after the expiration date of the course approval, people who attend or complete the course after the expiration date will not receive continuing education credit.

The division may rescind an approval of an education course for any of the following reasons: false statements made in application, misrepresentation in application, misrepresentation or false statements in course content, falsification of attendance records. The division may rescind an approval of a course at any time, but not less than 30 days prior to the date the course is scheduled to be held.

ACKNOWLEDGEMENT

By signing below, the applicant certifies that all information provided on this application is true, accurate and that the registration requirements are met.

Notice: Information including personally identifiable information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purpose, other secondary purposes and purposes other than that for which it was originally collected. (*sec. 15.04(1)(m), Wis. Stats.*). The Department may also provide this information to requesters pursuant to Wisconsin's open records law, *ss. 19.31-19.39, Wis. Stats.*

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT/REPRESENTATIVE

DATE (MM/DD/YYYY)