

STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION  
**UNLIMITED PLUMBING AND PIPING LICENSE TYPES P1 AND P2**  
CONTINUING EDUCATION PROVIDER APPLICATION  
2018-2019 CYCLE

(Regulation 20-334d-1 thru 20-334 (j))

**ALL SUBMITTALS MUST BE APPROVED PRIOR TO CLASS OFFERING**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile No: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Course Name: CT C.E. PLUMBING UNLIMITED 2018-2019

Classroom Hours: 7 hours License Types Covered: P1 and P2

Date(s) of Course: \_\_\_\_\_ Location of Course: \_\_\_\_\_

***The application for each course must include, but not be limited to, the following:***

|   |   | Yes                      | Commission Use Only |
|---|---|--------------------------|---------------------|
| 1 | Detailed course outline/syllabus  | <input type="checkbox"/> |                     |
| 2 | Copy of text and/or related teaching materials                                | <input type="checkbox"/> |                     |
| 3 | Copy of certificates to be issued **  | <input type="checkbox"/> |                     |
| 4 | Copy of all proposed advertising and publicity                                | <input type="checkbox"/> |                     |
| 5 | Names, addresses, and qualifications or resumes of all instructors to be used | <input type="checkbox"/> |                     |
| 6 | Policy regarding tuition, related costs, cancellation and refund              | <input type="checkbox"/> |                     |
| 7 | Locations of all classrooms   | <input type="checkbox"/> |                     |
| 8 | Fire Marshal form for each classroom location                                 | <input type="checkbox"/> |                     |

Remarks: \_\_\_\_\_

Name(s) of Authorized School Representative: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Authorized School Representative*

\_\_\_\_\_  
*Date*

\* Certificates to students shall be on official school stationary showing: school name, school code, name of licensee, number and type, name of course, classroom hours, and signature of the school official. Data of such shall be transmitted to collection vendor.

**\*License CE course approval shall be for the 2018-2019 period.**

**\*\*Data of such class attendance shall be transmitted to collection vendor (PSI).**

**INSTRUCTIONS TO**  
**“PROVIDERS” OFFERING**  
**CONTINUING EDUCATION FOR PLUMBERS**  
**“2018 - 2019 LICENSE RENEWAL YEARS”**

1. Each provider is required to submit one paper copy and one electronic copy of their curriculum to the Commissioner of Consumer Protection and the Plumbing-Piping Work Examining Board for review and approval.

2. Each submission shall include all documentation listed below:

**\*Note: Any submission that does not include all of the documentation below will be considered incomplete and will not be approved.**

- Application (must be completely filled out)
- Certificates of Insurance
- CT Sales Tax Certificate (Form OR-138)
- School Status (Proof of private, public, trade union or trade association)
- Experience (Proof of educational training experience in trade)
- Certificates - Copy of certificates to be issued to attendees – must indicate course title. \*\* Certificates to students shall be on official school stationary showing: school name, school code, name of licensee, number and type, name of course, classroom hours, and signature of the school official.
- Fire Marshall Certificate (Indicating acceptable use of each facility)
- Advertisements (Copy of all advertisement to be used)
- Policies (Copy of school policies for tuition, related costs, cancellations/refunds)
- Offerings (Dates, hours and locations of all classes)

- Instructors (Names, addresses, license numbers and qualifications of all instructors that will be teaching. Any changes to the instructor list must be submitted for additional approval.)
- References ( List of all reference materials to be used)
- Copyrights (Copyright approvals for any copyright material to be used)
- Teaching aids (Copy of any teaching aids such as power point etc.)
- Handout that will be bound and distributed to each attendee which must include laws and standards, power point presentations, calculations, and any other related course items.

**3. All license holders attending classes shall be required to bring their copy of the Plumbing-piping Code as well as a functioning calculator to class. Attendees who do not have a copy of the Plumbing-piping Code and a functioning calculator shall not be admitted into the class.**

**4. “Providers” shall not offer any continuing education classes on the premises of any employer.**

**5. “Providers” who desire to “add” any training locations that have not been previously approved to their schedules, must submit for approval, such locations to the Commissioner of Consumer Protection and the Plumbing and Piping Work Examining Board at least 60 days prior to the intended date of usage.**

6. “Providers” must make accommodations for those attendees with special needs or other disabilities.

7. “Providers” are required to have each attendee sign a “sign in/sign out” sheet at the beginning of each class at the end of each class and each and every time any breaks are provided for items such as lunch etc., excluding bathroom breaks. Attendance sheets are to be kept in “Providers” files for four (4) years with other continued education documents for future reference.

**8. Certificates of 7-hour course completion shall not be distributed to any attendee until the very end of the class, at which time the person whom is named on the certificate must be present and have attended all of the prescribed hours of the class before the certificate is issued to such person. No**

**certificates shall be issued to any person who is not in attendance at the end of the class.**

9. At the completion of all "approved" continuing education courses, all schools must provide PSI Examination Services an electronic file for each of their students. Such electronic file shall comply with all of the mandated fields as required by PSI and their reports. **All reports must be transmitted to PSI within 30 calendar days of each completed course. Failure to comply with this requirement is cause for suspension of providers program by the Plumbing-piping Work Examining Board or the Department of Consumer Protection.**

10. Providers must comply with the State of Connecticut, Regulation of the Department of Consumer Protection Concerning Continuing Education for Plumbers, Sec 20-334d.

11. When all of the above conditions are met, the provider will receive a notification letter indicating that their program has been approved. Without receipt of this notification letter, you may not hold any classes or advertise for any classes. Failure for you to comply with this or any other requirement of this program is cause for suspension of your program.

## **DEPARTMENT OF CONSUMER PROTECTION CONTACT INFORMATION:**

Richard M. Hurlburt, Director  
Department of Consumer Protection  
Occupational and Professional Licensing Division  
450 Columbus Blvd., Suite 901  
Hartford, CT 06103  
Email: [dcp.occupationalprofessional@ct.gov](mailto:dcp.occupationalprofessional@ct.gov)  
Phone: 860-713-6135  
Fax: 860-713-7230  
Agency Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)

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**Attention All Connecticut Approved Continuing Education Providers**

**VERY IMPORTANT**

Connecticut continuing education mandatory approved school reporting method for:

- 1) Real Estate License holders.
  - 2) Electrical License holders.
  - 3) Plumbing and Piping License holders.
  - 5) Home Inspectors license holders.
  - 6) Real Estate Appraisal license holders.
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The Department of Consumer Protection has implemented a new integrated computer system for the maintaining and tracking of all its licensing records. This system meets many of the objectives in being able to provide better quality of service to consumers in the processing of applications and availability of information to licensees and consumers.

Effective immediately, at the completion of all "approved" continuing education courses; all schools **must provide** PSI an electronic file for each of your students.

**Please be advised, as an Approved Provider, this is a requirement. You MUST provide this information within 10 days from the continuing education instruction day.**

All correspondence and technical support should be initiated with an email sent to [schoolsupport@psionline.com](mailto:schoolsupport@psionline.com). Your email should clearly state your provider name and the name and phone number of who to contact, and the nature of the problem. PSI technical support will promptly respond to you through an email reply or phone call if necessary. The site is currently available for you to use to practice uploading sample files.

To access the site please follow these steps:

1. Go to <http://schools.psiexams.com>
2. Log in using the following information:

ACCOUNT ID:  
LOGIN NAME:  
PASSWORD:

**(Note: This information is unique to your school and must be kept secure. Please contact PSI immediately if this information is compromised and needs to be changed.)**

3. After logging in you will be able to upload your tab-delimited file of candidates or enter individual candidate information one by one. A detailed description of how to do this is available at <http://schools.psiexams.com/information.jsp>

This automation of information will allow the Department of Consumer Protection to be able to enforce 100% the requirements of all licensees fulfilling their continuing

education requirements, when comparing the list of those that renew such license, as well as eliminating the need for licensees to provide copies of proof of continuing education courses. They anticipate that this should aid schools in the additional work of supplying lost copies as well as increasing attendance to required continuing education classes.

Please note that there will be a charge of \$1.00 for each candidate submission. During the upload process, you will be asked for credit card information for this charge.

If you need further technical assistance, please call PSI ESTech at **1(800) 367-1565**.

The fields that you will be collecting and entering are as follows:

| <b>field name</b> | <b>length</b> | <b>datatype</b> | <b>mandatory</b> | <b>description</b>   |
|-------------------|---------------|-----------------|------------------|--|
| Last Name         | 50            | character       | YES              | Candidate's Last Name  |
| First Name        | 50            | character       | YES              | Candidate's First Name (Legal Name - no nicknames)   |
| Completion Date   | 10            | character       | YES              | 10 digit character (like 01/15/2004)   |
| School Code       | 4             | character       | YES              | 4 digit School Code  |
| Prefix            | 3             | character       | YES              | 3 digit prefix: Real Estate Salesperson: RES, Real Estate Broker: REB<br>Electrical: ELC, Plumbing: PLM, Home Inspector: HCE |
| License Number    | 9             | character       | YES              | Up to 9 digits, like 4444444, no comma's, dashes, periods, etc.  |
| License Type      | 5             | character       | NO               | Up to 5 digit License Type (must enter using following format: C2, HPG1, PP1 (Not required for Real Estate candidates):      |
| Hours Completion  | 2             | character       | YES              | 1 or 2 digit character   |
| Year for Renewal  | 4             | character       | YES              | 4 digit character, like 2008   |
| School Name       | 50            | character       | YES              | For example, Hurlburt Consolidated School  |
| Course Title      | 50            | character       | YES              | For example, Fair Housing and Law  |

**STATE OF CONNECTICUT**  
 DEPARTMENT OF CONSUMER PROTECTION  
 OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION

**EVALUATION FORM FOR CONTINUING EDUCATION COURSE**

(To be filled out by the student and mailed to the address below)

Date: \_\_\_\_\_ Student Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_ License Number: \_\_\_\_\_

School Name: \_\_\_\_\_ Course Name: \_\_\_\_\_

Location of Class: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

The Occupational & Professional Licensing Division of Connecticut requests that each instructor be evaluated by the students at the end of the course. Please rate your instructor and course on a scale of one to four in the following categories. Circle your choice.

| INSTRUCTOR / FACILITY                      | POOR | FAIR | GOOD | VERY GOOD |
|--|------|------|------|-----------|
| 1. Started and ended class on time         | 1    | 2    | 3    | 4         |
| 2. Instructor's delivery of subject matter | 1    | 2    | 3    | 4         |
| 3. Level of preparation for the class      | 1    | 2    | 3    | 4         |
| 4. Knowledge of the subject                | 1    | 2    | 3    | 4         |
| 5. Ability to answer questions             | 1    | 2    | 3    | 4         |
| 6. Rapport with the class                  | 1    | 2    | 3    | 4         |
| 7. Made learning enjoyable                 | 1    | 2    | 3    | 4         |
| 8. Enthusiasm                              | 1    | 2    | 3    | 4         |
| 9. Depth of coverage                       | 1    | 2    | 3    | 4         |
| 10. Taught the course as it was advertised | 1    | 2    | 3    | 4         |
| 11. Gave me information that will benefit  | 1    | 2    | 3    | 4         |
| 12. Overall evaluation of the Instructor   | 1    | 2    | 3    | 4         |
| 13. Registration process                   | 1    | 2    | 3    | 4         |
| 14. Staff handled in a professional manner | 1    | 2    | 3    | 4         |
| 15. Materials (handouts)                   | 1    | 2    | 3    | 4         |
| 16. Course content                         | 1    | 2    | 3    | 4         |
| 17. Overall evaluation of the course       | 1    | 2    | 3    | 4         |
| 18. Accommodations of Facility             | 1    | 2    | 3    | 4         |
| Comments: _____                            |      |      |      |           |
| _____                                      |      |      |      |           |

**Mail to:** Department of Consumer Protection  
 Occupational & Professional Licensing Division  
 Richard M. Hurlburt, Director  
 450 Columbus Boulevard, Suite 901  
 Hartford, Connecticut 06103  
 (860) 713-6135



**CONTINUING EDUCATION FOR PLUMBERS**  
**2018-2018 CURRICULUM**

**\*IMPORTANT NOTE FOR PROVIDERS\***

When applying for approval as a continuing education provider for this 7-hour course, be sure to download the following **four** documents from the DCP website at [www.ct.gov/dcp](http://www.ct.gov/dcp):

- Continuing Education Provider Application Package
- Continuing Education Curriculum
- Continuing Education Power Point Presentation
- Continuing Education Appendix Document