

STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION  
**PLUMBING AND PIPING LIMITED LICENSE TYPES**  
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: \_\_\_\_\_

Limited License Types Covered: \_\_\_\_\_ Classroom Hours: \_\_\_\_\_

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 PLUMBING AND PIPING**  
**LIMITED LICENSE TYPES**  
**“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.)
- If applicable, the provider shall provide the Department with a copy of the handout that will be bound and distributed to each attendee, which may contain laws, standards, power point presentations, calculations, or any other related course items.

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

**4. “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.**

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

6. “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.

**7. Certificates of 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.**

8. 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.**

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

10. When all of the above conditions are meet, 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.

**ALL SUBMITTALS SHOULD BE SENT TO:**

**MAILING ADDRESS:**

Richard M. Hurlburt Director  
Department of Consumer Protection  
Occupational and Professional Licensing Division  
450 Columbus Blvd., Suite 901  
Hartford, CT. 06103

**EMAIL ADDRESS:**

[dcp.occupationalprofessional@ct.gov](mailto:dcp.occupationalprofessional@ct.gov)

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC SAFETY**

*DIVISION OF FIRE, EMERGENCY & BUILDING SERVICES  
OFFICE OF STATE FIRE MARSHAL*



On (date) \_\_\_\_\_, the (Town/City) \_\_\_\_\_ Office of the Fire Marshal conducted an inspection of (name of facility) \_\_\_\_\_ located at (address) \_\_\_\_\_ in the City/Town of \_\_\_\_\_ to determine the degree of compliance with the fire safety requirements of Connecticut General Statutes Chapter 541 as authorized by Section 29-305 of the statutes. This facility was evaluated as a (new/existing) \_\_\_\_\_ (occupancy classification) \_\_\_\_\_ as classified by the CONNECTICUT FIRE SAFETY CODE. As a result of this inspection, the following conditions were found:

- I. At the time of inspection, no code violations were identified. **Certificate of approval recommended.**
- II. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. An acceptance plan of correction was submitted. (See attached information) **Certificate of approval recommended.**
- III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. No approved plan of correction was submitted. (See attached information) **Certificate of approval NOT recommended.**
- IV. Based on the extreme hazard to the public safety discovered at the time of this inspection, this office is currently seeking an injunction from the court through our Town/City Attorney for the purpose of closing or restricting usage of this facility by the public. (See attached information) **Certificate of approval NOT recommended.**

\_\_\_\_\_  
Fire Marshal

\_\_\_\_\_  
Date

\_\_\_\_\_  
City or Town

**Please Note:** A fire marshal inspection is valid for one year from the date of the last inspection.

**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.
- 

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 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 PLUMBING-PIPING 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



## **Specific Content Area Relative to Limited License Types**

**Limited License types** J-1, J-2, J-3, J-4, P-8, P-9 - Instructional Time Required.

Mandatory 3.0 hours for limited journeypersons and 5.0 hours for limited contractors of course specific content as it relates to the specific license category of continued education.

For example, the irrigation industry would offer courses related to lawn irrigation, while the well pump and water conditioning providers would offer courses specific to that occupational area, all while referring to the Codes, Standards and practices appropriate and that affect the limited license holders.

All plumbing and piping limited contractor types require proof of CE at the time of renewal in the even numbered years. (Minimum 5 hours)

All plumbing and piping limited journeyperson types require proof of CE at the time of renewal in the odd numbered years. (Minimum 3 hours)

Important: Section 20-334d of the Connecticut General Statutes requires Plumbing license holders, **with the exception of P-6 and P-7 license types**, to obtain continuing education hours of instruction to renew their respective licenses.

### **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  
Phone: 860-713-6135  
FAX: 860-713-7230  
Agency Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)  
Agency email: [dcp.occupationalprofessional@ct.gov](mailto:dcp.occupationalprofessional@ct.gov)