

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION
POOL AND SPA LICENSE TYPES
SP1, SP2
CONTINUING EDUCATION PROVIDER APPLICATION
2022-23 RENEWAL YEAR

ALL SUBMITTALS MUST BE APPROVED PRIOR TO CLASS OFFERING

School Name: _____

Address: _____

Telephone: _____ Facsimile No: _____

Contact Name(s): _____

Email Address: _____

Course Name: CE SP-1,2 2022-2023

License Type Covered: SP-1, SP-2 Classroom Hours: 3

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.

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

**INSTRUCTIONS TO“PROVIDERS” OFFERING CONTINUING
EDUCATION FOR POOL AND SPA LICENSE TYPES SP1- SP-2
2022-2023 RENEWAL YEAR**

1. Each provider is required to submit one paper copy and two flash drives containing their complete submittal to the Commissioner of Consumer Protection 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) for CT held classes
- 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, license 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 and 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 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 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 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.

ALL SUBMITTALS SHOULD BE SENT TO:

Department of Consumer Protection
Occupational and Professional Licensing Division
Att: Karen Layman
450 Columbus Blvd., Suite 901
Hartford, CT 06103

**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.
 - 7) Spa and Pool 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. 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:

field name	length	datatype	mandatory	description
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 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
450 Columbus Boulevard, Suite 901
Hartford, Connecticut 06103

Department of Consumer Protection Contact
Information:

Department of Consumer Protection
450 Columbus Blvd., Suite 901
Hartford, CT. 06103
Email: dcp.occschool@ct.gov
Agency website: www.ct.gov/dcp

Laws and Regulations:

Continuing education for SP1 and SP2 license types:

Excerpt from: Regulations of Connecticut State Agencies, Title 20, Section 20-417aa(c)(4)

Section 20-417aa(c)(4)

(4) Continuing professional education requirements for persons licensed pursuant to this section, provided such persons shall be required to complete not less than three hours of such continuing education **biennially**.

Continuing education requirements for swimming pool and spa maintenance and repair license types SP1 and SP2:

SP-1 maintenance and repair license holders require proof of continuing education biennially, consisting of not less than three hours, at the time of renewal **for even years**.

SP-2 maintenance and repair license holders require proof of continuing education biennially, consisting of not less than three hours, at the time of renewal **for odd years**.

Note: SP-1 and SP-2 license holders must take an additional distinct class if they hold an SPB license.