

## Iowa Plumbing & Mechanical Systems Board Application for Continuing Education Instructor Renewal

This application must be submitted to the Plumbing & Mechanical Systems Board to renew approved instructor credentials. This form is **only** valid for instructor renewal in the original approved content areas. **If there are any changes in your credentials or you would like to request approval for additional course content areas, please use the Instructor Approval Packet found on our website and reference your original instructor number.**

**Instructor Name:** \_\_\_\_\_

**Instructor Approval #: CEUI** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Approved Content Areas:**

- Safety** (Copies of current Certification Cards are **required** for renewal.)
- State of Iowa Plumbing Code** (Please attach copy of current license, if applicable.)
- State of Iowa Mechanical Code** (Please attach copy of current license, if applicable.)
- Discipline:** (Please attach copy of current license, if applicable.)
  - Plumbing**
  - HVAC/R**
  - Hydronics**
  - Sheet Metal**
  - Mechanical**

<input type="checkbox"/> <b>I verify there are no changes to my credentials and request renewal of my instructor approval.</b>		
<b>Printed Name:</b>		<b>Signature of instructor:</b>
<b>Home Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Telephone:</b>		<b>Email Address:</b>
<b>Business Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<small>*Privacy Act Disclosure Notice: Disclosure of your Social Security Number is optional under 42 U.S.C. § 666(a)(13). The SSN is only needed if you would like to manage your instructor and course details in our online database and you do not already have either a PMSB license # or AMANDA account PIN. If you do not already have an AMANDA account and do not wish to provide SSN, you may still be an approved instructor, however, you will not have online access to your instructor and course information.</small>		
<b>Social Security Number, PMSB License #, or AMANDA Pin*:</b>		<b>Date of Birth:</b>
		<b>Preferred Contact Address:</b> <input type="radio"/> Home <input type="radio"/> Business
<b>Sponsoring Institution/Business Name:</b>		

The completed application must be submitted to:

Iowa Department of Public Health  
 Plumbing & Mechanical Systems Board  
 321 E 12<sup>th</sup> Street  
 Des Moines, IA 50319  
 Fax: 515-281-6114 or Email: [pmsb@idph.iowa.gov](mailto:pmsb@idph.iowa.gov)

For Office Use Only

Approved by _____ Issue Date _____
New Expiration Date _____