

NON-MEMBER Request for ASHI® Continuing Education (CE) Approval

Organizations requesting approval of an offering for continuing education credit must complete this form in its entirety and submit it to ASHI for approval. It is essential that proper documentation accompany this form for expedient processing. Incomplete forms and documentation will be returned to the sender with a request to supply the missing information.

Items required to complete the processing of this request include:

1. The name of the sponsoring organization.
2. The name, phone, fax, and e-mail information of the contact handling this request.
3. The name and date of the educational offering.
4. The place of the educational offering.
5. A detailed schedule of the educational offering material (must list times and duration for all events including breaks, lunch, etc.)
6. A brief list of the instructor's qualifications/credentials.
7. CE pre-approval is granted for 1 year
8. This service is provided to Non-Members at a \$25.00 per CE charge. **PAYMENT MUST BE INCLUDED WITH THIS APPLICATION**
9. No retroactive CEs will be granted

Approval Responsibility: ASHI Education Committee with support provided by ASHI International Headquarters Staff. (This program is administered by ASHI staff; special questions are referred to the CE Work Group, Membership and Education Committees.)

Contact Information:

The American Society of Home Inspectors
CE Approval / Angela Orlando
932 Lee Street, Suite 101
Des Plaines, IL 60016

Phone: 847-954-3187
Fax: 847-759-1620
Email: angelao@ashi.org

Instructions: This procedure and form permits individuals or organizations offering professional inspection education activities to obtain ASHI approval for CEs and to advertise that approval. Completion of ASHI approved programs permits attendees to claim CEs required for ASHI membership renewal.

BEFORE THE ACTIVITY: Organizations planning to offer an educational seminar or other professional education activity should complete the attached activity Information Form and should, whenever possible, mail it to ASHI Headquarters 30 days prior to the planned activity. Also provide a copy of the promotional flyer for this activity, or if not prepared when CE request is made, provide the draft of it. While we will accept late and last minute notice by Fax when given short notice, we may not be able to respond with approval in time for your scheduled advertising. It is the responsibility of the sponsoring organization to submit the material in adequate time for processing, which is usually fifteen days. It is the responsibility of the activity organizer to assure that material presented does not violate the ASHI Standards of Practice, Code of Ethics, or good safety practices.

ASHI will review course material, speaker qualifications, class length, etc. for content, quality, and pertinence to home inspection professionals. ASHI will respond to requests for CE approval within 15 business days of receiving the required materials. Approval will be provided in writing, with a copy filed at ASHI Headquarters. When short schedule demands require, both application to ASHI and response from ASHI may be made by faxing the appropriate information. After ASHI's approval, sponsors of an activity are permitted and encouraged to publicize ASHI's approval for the specific number of CEs

AFTER THE ACTIVITY: A list of attendees completing the activity, attached to a copy of this approval form must be mailed to ASHI within 30 days of completion of the activity. This list will be used by ASHI in spot-checking CEs claimed on Membership Renewals. The sponsor is required to provide a certificate of completion to all attendees stating the date, student's name, course date, number of earned CEs and must be signed by the issuing agency.

ASHI® Non-Member CE Application Submittal Form

Complete and return to:

American Society of Home Inspectors, Inc., 932 Lee Street, Suite 101
Des Plaines, IL 60016 - Phone: 847-759-2820 - Fax 847-759-1620

This form must be completed and the following information supplied:

1. The name of the sponsoring Organization
2. The name, phone, fax, and e-mail information of the contact handling this request
3. The name and date of the educational offering
4. The place of the educational offering
5. A detail schedule of the educational offering material (must list times and duration for all events (including breaks, lunch, etc.)
6. A brief list of the instructor's qualifications/credentials
7. The phone and fax number of the contact person
8. CE pre-approval is granted for 1 year
9. This service is provided to Non-Members at a \$25.00 per CE charge. **PAYMENT MUST BE INCLUDED WITH THIS APPLICATION**
10. No retroactive CEs will be granted

a. Sponsor Information

Organization name: _____ Date Submitted _____
Submitter's name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail: _____
Website: _____

b. Activity Information

Seminar / Course Title: _____
Total Contact Hours: _____
Scheduled Dates: _____
Speaker(s): _____
Hotel/Facility Name: _____
City: _____ State: _____ Zip: _____

c. Promotion information – This will be listed with your course description on the ASHI website as the contact for more information on registering for the program.

Contact person (if different from submitter) _____
Phone: _____
Email: _____
Website: _____

Sponsor's Name: _____

Signature: _____

Use additional forms or attach additional sheets as needed to describe all subjects, speakers, hours, etc.

American Society of Home Inspectors_
Non-Member CE Course/Seminar Payment Application

Activity Name

Total CE Hours Applied For

Contact Name

Phone Number

Company/Educational Provider

Address

City State Zip

Application fee is based upon \$25.00 per each CE approved. CE's are based on actual contact hours. Lunch and breaks should not be included. CE's are not granted for partial hours. Total CE's applied for must equal contact hours.

Enclosed is my non-refundable payment of \$ _____ which will be used in processing and review of course/seminar materials.

METHOD OF PAYMENT:

_____ Check
_____ Visa/Mastercard

Card Number

Expiration Date

Signature

**SUBMIT MATERIALS &
PAYMENT TO:**
American Society of Home Inspectors
932 Lee Street - Suite 101
Des Plaines, IL 60016
Fax: 847-759-1620