



ROY COOPER
Governor

CHRIS DEAL
Chairman

REQUEST FOR CONTINUING EDUCATION CREDIT

Applicant Information:

Full Name _____

Address _____

City/State/Zip _____

Phone # _____

Well Contractor Certification #: NCWC _____ - _____

Applicant is:

Course attendee

Course instructor/provider

Course Information:

1) Course title _____

2) **CE PIN#:** _____

(The CE PIN# is on the list of preapproved courses at www.wellcontractors.nc.gov on the Continuing Education page.)

3) Business/organization offering course _____

4) Credit hours requested for the course _____ (60 min. of instructional time = 1 CEU)

5) Date(s), and time(s) of course _____

6) Location of course (City, State; Website) _____

Attachments:

Include with this form:

- Proof of attendance (*certificate listing total hours earned, or pre-approved group sign-in sheet*)
- If submitting documentation for attending at least 75% of professional meetings (Chap 27 .0820) also include the schedule of meetings for the year and proof of which meetings were attended.

The information provided with this request is true and accurate to the best of my knowledge.

Signature of Applicant: _____ **Date:** _____

Submit this completed form with attachments to the address listed below.

WCC-8b
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