



Tel: 609-292-1250
Fax: 609-777-1914
Web: www.nj.gov/lspbboard

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION CREDIT FROM THE SRPL BOARD FOR INSTRUCTING CONTINUING EDUCATION PROGRAMS

INCLUDING

ONE-DAY CLASSES, MULTI-DAY COURSES, CONFERENCE PRESENTATIONS or SEMINARS

Submit all completed applications to:

SRPLBoardContact@dep.nj.gov

THE FOLLOWING ENTITIES MAY SUBMIT THIS APPLICATION:

1. An **LSRP** seeking Continuing Education Credit (CEC) for instructing a continuing education program.

TIME FOR SUBMITTAL:

Applications for CEC must be received by the SRPL Board no later than 90 days after the continuing education program is held for the first time.

BASIS FOR BOARD APPROVAL OF CECS:

Board approval of CECS will be based on the information contained in and accompanying this application and any additional information that may be requested by the SRPL Board. Contact the SRPL Board if there is any change to information submitted prior to approval. The SRPL Board considers the merits of each application for CEC individually.

APPLICATION INFORMATION

The LSRP Instructor should verify whether the Course Provider intends to submit an application for approval of CECs for this continuing education program.

If the Course Provider does NOT intend to submit an application, this entire application must be completed by the LSRP Instructor seeking CEC.

If the Course Provider DOES intend to submit an application, then the LSRP Instructor may omit answers to Questions 1-11, as this information will be in the Course Provider's application.

Name of Continuing Education Program: _____

Continuing Education Provider: _____

LSRP Instructor Name: _____

LSRP Instructor Address: _____

LSRP Instructor Phone Number: _____

LSRP Instructor Email: _____

LSRP Instructor License No.: _____

Information Attached		Item Complete (for SRPLB Use only)
<input type="checkbox"/>	1. A full description of the program, including the title, name of the provider, and date(s), time(s), and location(s) that the program will be or was offered. NOTE: Provide all dates that the continuing education program will be or was offered. If the dates and locations are not yet determined, inform the Board as soon as they are determined. Let the Board know if this continuing education program is intended to be a one-time offering or if you plan to repeat it periodically.	<input type="checkbox"/>
<input type="checkbox"/>	2. The number and type (ethical, regulatory, scientific/technical) of CECs requested for attendees of the education program along with your justification for the number and type of CECs requested	<input type="checkbox"/>
<input type="checkbox"/>	3. An outline or syllabus of the continuing education content.	<input type="checkbox"/>
<input type="checkbox"/>	4. A description of the continuing education that establishes its relevance to regulation of site remediation, scientific and technical principles of site remediation, and/or ethical obligations of licensed site remediation professionals in New Jersey.	<input type="checkbox"/>
<input type="checkbox"/>	5. The credentials of the instructor(s).	<input type="checkbox"/>
<input type="checkbox"/>	6. A statement that the continuing education provider will or did utilize sign-in and sign-out sheets to verify attendance and will maintain records of attendance for the Board's inspection for a period of seven years.	<input type="checkbox"/>

<input type="checkbox"/>	7. A statement that the continuing education provider will or did provide certificates of attendance to all attendees within thirty calendar days of successful completion of the continuing education	<input type="checkbox"/>
<input type="checkbox"/>	8. A statement that the continuing education provider will or did, at the completion of the continuing education, conduct and retain for the Board's inspection for a period of three years an evaluation of the continuing education and the continuing education instructor(s) using, at a minimum, evaluations prepared confidentially by the attendees and maintained in such a manner that the identity of each evaluator is not disclosed to the provider or instructors. Provide examples of evaluation questions, or the complete evaluation if available.	<input type="checkbox"/>
<input type="checkbox"/>	9. A statement that the continuing education provider will or did allow representatives of the SRPL Board to monitor the continuing education without charge or need for advance registration or notice.	<input type="checkbox"/>
<input type="checkbox"/>	10. For an in-person attendance format program, a statement describing the provider's policy for granting partial credit if an attendee arrives late, leaves early, or otherwise misses a portion of this continuing education program. The Board's Policy on partial continuing education credit can be found on the Board website.	<input type="checkbox"/>
<input type="checkbox"/>	11. For an alternative verifiable learning format continuing education program, a statement describing the examination or other mechanism that an LSRP taking the program must complete to verify attendance and thereby earn continuing education credit. If an examination, provide sample questions. If another mechanism, describe sufficiently so that the Board can review and approve.	<input type="checkbox"/>
<input type="checkbox"/>	12. Provide the number and type (ethical, regulatory, scientific/technical) of CECs you are personally seeking for instructing the program along with your justification for the number and type of CECs requested.	<input type="checkbox"/>
<input type="checkbox"/>	13. Describe your activities preparing for and instructing this continuing education, with an estimate of the amount of time spent.	<input type="checkbox"/>
<input type="checkbox"/>	14. Indicate the specific topics of the continuing education for which you prepared content and instructed. If you prepared content for portions that you did not instruct, or if you instructed portions for which you did not prepare content, so indicate.	<input type="checkbox"/>