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**Continued Education Application**

 Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  *(If you are the instructor, place your name above)*

 Instructor’s Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please enter the following percentages that best

 describe the Continued Education Course.

 \_\_% Hands On/ Technical

 \_\_% Code & Standards

 \_\_% Communications

 \_\_% Liabilities

 \_\_% Business

 \_\_% Safety

 \_\_% Sales

 100% Total

 Length of course: \_\_\_\_\_ hrs. (Must be filled in for credit)

 Sponsoring Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Summary of seminar/workshop and required***

***signature is located on the back of this page***

**SUMMARY OF SEMINAR/WORKSHOP**

 (Course Outline and Summary)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

***Masonry Heater Association of North America***

***2180 S. Flying Q Ln.***

***Tucson, AZ***

***85713***