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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***