

Qualified Elevator Inspector Training Fund

7154 Columbia Gateway Drive
Columbia, MD 21046
1-888-511-3113



Approval Request Form for Continuing Education Courses

Please use a separate request form for each course submitted.
Curriculum must pertain to subjects listed in the ASME QEI-1, Section 2.3.

Name of Instructor 1:		Name of Instructor 2:	
Address:			
City:		State:	Zip Code:
Continuing Education Course Information			
Is this Course opened to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No		Post to our Website <input type="checkbox"/> Yes <input type="checkbox"/> No	
Course Title:			
Course Location:			
Site Address:			
City:		State:	Zip Code:
Contact Person:		Email Address:	
Telephone No.:		Fax No.:	
Course Date:		Total CEUs Requested:	
Course Start Time:		Course End Time:	
Presentation(s)			
Attach Course title, length, instructor(s) resume & course description Please indicate how the course material will be obtained:			
<input type="checkbox"/> Seminar or technical session – Attach a course outline or syllabus.			
<input type="checkbox"/> Touring a manufacturing or test facility w/related classroom course – Provide date of tour : Attach a program outline or syllabus for class.			
<input type="checkbox"/> Self-study course – Provide method of presentation & verification of completion (e.g. certificate). Attach a program outline or syllabus.			
<input type="checkbox"/> In-house training (related duties performed by inspectors other than code issues) – Attach a course outline or syllabus.			
<input type="checkbox"/> Academic course work related to the elevator industry – Attach a course outline or syllabus and proof of successful completion.			
Course must address one or more of the following: (check all that apply)		Primary Target Audience	
<input type="checkbox"/> New Technology		<input type="checkbox"/> Inspectors	
<input type="checkbox"/> Code-related presentations on most recent editions		<input type="checkbox"/> Inspection Supervisors	
<input type="checkbox"/> Elevator inspection related activities		<input type="checkbox"/> Elevator Mechanics	
<input type="checkbox"/> Safety as it relates to elevator work and inspections		<input type="checkbox"/> Contractors	
<input type="checkbox"/> Local (AHJ) administration relating to inspectors' duties			
<input type="checkbox"/> Management or supervision techniques			
Office Personnel Use Only!			
Are Instructors(s) resume(s) attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Course outline or syllabus attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Description, duration, dates and location(s) of course provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Reviewed by:	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Additional information requested:	Date Requested:	Date Received:	CEUs Assigned:

THIS APPLICATION MUST BE SUBMITTED AT LEAST 45 DAYS PRIOR TO THE COURSE DATE!