



Department Of Fire Prevention & Electrical Safety

MATTHEW H. MEAD
GOVERNOR

LANNY APPELEGATE
STATE FIRE MARSHAL

CONTINUED EDUCATION SEMINAR STANDARDS

The following standards shall be used in determining if a continued education seminar shall be approved toward the sixteen (16) hours requirement to renew a Wyoming journeyman and master licenses.

1. Each service provider shall submit an application to the Department of Fire Prevention & Electrical Safety with the following information. The department shall provide the form and this will be the only acceptable application form.
 - A. Course Sponsor
 - B. Sponsor's address
 - C. Sponsor's Phone Number
 - D. Sponsor's E-mail Address
 - E. Course Title and Subject
 - F. Number of Hours Requested
 - G. Detailed Syllabus of the Course
 - H. Evidence of Completion
 1. When the class is approved the department will assign a number to the course. This number must be shown on the material used as evidence of completion.
 - I. Schedule of Classes
 - J. Name of Instructor(s)
 - K. Instructor Qualifications
 - L. Format of Course—Classroom, On-line or Correspondence
2. Course Subjects:
 - A. National Electrical Code—Current Edition
 - B. Electrical Safety Courses may be approved up to four (4) hours. Only one electrical safety course can be taken in renewal period.
 - C. Courses that are not on the current edition of the National Electrical Code:
 1. Must be related to the Electrical Construction Industry
 2. Must be considered journeyman-upgrading classes.
 3. Cannot be an apprentice-training course.

**PLEASE MAKE SURE THAT ALL INFORMATION HAS BEEN PROVIDED
INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED**

**FIRE PREVENTION & ELECTRICAL SAFETY
HERSCHLER BLDG—ONE WEST
CHEYENNE, WYOMING 82002**

**WYOMING ELECTRICAL BOARD
APPLICATION FOR COURSE APPROVAL
SIXTEEN (16) CONTINUED EDUCATION REQUIREMENT**

Course Title: _____

Course Subject: _____

Course Sponsor: _____

Sponsor's Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail Address: _____

Contact Person: _____

If different from course sponsor

Contact Person's Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail Address: _____

Number of Course Hours requested: _____

Course Format: Classroom: _____ On-Line: _____ Correspondence: _____

List Each Instructor and Qualifications: _____

You may attach a resume for each instructor: _____

1. Detailed Syllabus of Course: (A copy of the course must be provided to the department for review).

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APPLICATION FOR COURSE APPROVAL

2. Evidence of Completion: (Please provide a sample)

3. Schedule of Classes: (If Available)

Additional documentation may be attached with this application
If you have any questions, please call (307) 777-7288
MAKE SURE ALL INFORMATION REQUESTED HAS BEEN PROVIDED
FAILURE TO PROVIDE REQUESTED INFORMATION WILL RESULT IN
APPLICATION BEING RETURNED WITHOUT ANY ACTION TAKEN

DEPARTMENT USE ONLY

APPROVED: _____ DATE: _____
Electrical Program Manager

NON-APPROVED: _____ DATE: _____

REASON: _____

CODE-HOURS: YES: _____ NO: _____