

Mississippi Home Inspector Division

ADMINISTRATO

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www.mhid.ms.gov

APPLICATION FOR EDUCATION COURSE APPROVAL

NEW Application Fee: \$100 | RENEWAL Application Fee: \$50 (annual) Non-renewed courses will be removed from the education provider list.

**MHID COURSE #		(this number to be assigned upon approval)	
1. Name of provider requesting qualifying education, continuous			rpe of course being offered. (i.e., for
Name:			
Number and type of course ho			Qualifying Ed
2. Business Address:			
3. Direct Phone:		Fax #:	
4. If a corporation, please list	officers' names, add	resses, and titles. (Use an additional sheet if necessary):
Name:		Title:	
Name:			Title:
Business Address:			
The following information mu will result in course delays.	ast be provided for e	ach separate cours	e approval request. Incomplete information
the course offering. List the admission polic A course syllabus shall improve. A lesson plan, instruction Each instructor's name, At a minimum, instructor are attached.) Provide the total number please list any additionate When submitting a resubmission. The deadline to receive the meeting date. Meeting date. Meeting date.	y, fees, charges, and coclearly state the content on all outline, or hourly address, and brief biogors must meet the Insport of classroom hours ful information that mannewal course, provide the information to be eating dates vary. Views is responsible for its a course, as outliness.	ancellation procedured the learning objective agenda. graphical information ector Qualifications for each course and the permit a complete de the prior MHID placed on the Board we our website calculations are considered in the Board's providing a certification that the providing a certification	lication, the MHID office must be notified before res es, and skills students may expect to learn or n, including their academic training. Course Instructor Qualifications Criteria. (Criteria number of requested credit hours for approval and comprehensive evaluation of each offering. course approval number assigned at rd Meeting Agenda will be one week before rendar or call for meeting dates. The cate of completion to each student who policy governing continuing education re-licensing or upgrade.
Name of Provider Title			Title

_____ Date ___