



**NORTH CAROLINA  
PRIVATE PROTECTIVE SERVICES BOARD**



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**APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL**

**[Check One:]    \_\_\_ Initial Application    \_\_\_ Renewal Application**

This information should be submitted at least 120 days (4 months) prior to course schedule in order for committee review and Private Protective Services Board (PPSB) approval of the course to qualify for continuing education (CE) credit. The Board meets in even numbered months and each course must pass committee review before presentation to the Board for approval. When a course is approved, the individual/company will receive an approval letter which will include the instructions on how to request a scheduled class and how to receive the proper course forms prior to conducting a class.

A. Title of course or class:

B. Course Format (Check One:)

\_\_\_ Classroom Instruction    \_\_\_ On-Line    \_\_\_ Other (explain on the back of this form or on a separate sheet)

C. Date and location (if scheduled) of course or class to be offered:

D. Identity of each instructor to include biographical data:

Important: The individuals you list will be the only instructors that will be allowed to teach this course.

E. Number of instruction hours:

F. Nature and purpose of course or class and objective or goal:

G. Name of company presenting the class:

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

H. Name of Point of Contact person for the class:

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

I. Outline of course or class and biography of instructor: *(Attach to application)*

J. Name of person or organization submitting this request:

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

K. Is this course open to other licensees or just for your company?

L. If this is a course renewal application, has anything changed regarding course content, etc., since the initial approval by the Board? Yes \_\_\_ No \_\_\_ If yes, explain changes (use back of form, if necessary)

Typed or Printed Name of Person Submitting this Request:

Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

