



Department of Commerce

Division of Industrial Compliance
& Labor

John Kasich, Governor
David Goodman, Director

INSTRUCTION SHEET FOR O.C.I.L.B. **COURSE RENEWAL FORM**

According to Ohio Administrative Code 4101:16-2-04 (C), the approval of a course of study or program of instruction shall be limited to one year unless the training agency fails to renew or the Administrative section does not approve the renewal of the training agency, meaning courses must be reapplied for each year. You may use this form for the renewal of **previously approved courses** if the courses **meet all of the following criteria:**

PLEASE NOTE: COURSES MUST BE CURRENT IN ORDER TO BE RENEWED AND THE INITIAL APPROVAL DATE CAN NOT BE MORE THAN THREE YEARS AGO. COURSES THAT WERE FIRST APPROVED MORE THAN THREE YEARS AGO MUST BE APPLIED FOR ON A COURSE APPLICATION AND SUBMITTED WITH THE REQUIRED ATTACHMENTS. AGENCIES CAN ONLY RENEW THE SAME COURSE TWICE.

- You can provide the **previously approved course number**
- The content of the course has **not changed**
- The instructor has **not changed**
- You can provide at least the first course offering **date, exact location and the starting and ending times**
- **Notarize** the form
- Submit the required fee of \$10 per course plus \$1 per credit hour.

It is a criminal offense and a violation of R.C. 2921.13(a) to make a false statement for the purpose of misleading a public official.

COURSE RENEWAL FORM FOR PREVIOUSLY APPROVED COURSES

APPROVED TRAINING AGENCY NAME & NUMBER _____

THE REQUIRED FEE OF \$10 PER COURSE PLUS \$1 PER CREDIT HOUR MUST BE ATTACHED

PREVIOUSLY APPROVED COURSE # & # OF HOURS	DATE OF PREVIOUS APPROVAL	NO CHANGE IN COURSE CONTENT	INSTRUCTOR REMAINS THE SAME	DATES, TIMES LOCATIONS

I solemnly swear that the answers and/or responses are complete and true.

Name of applicant _____ Signature of applicant _____

Date of application _____ Subscribed and duly sworn before me according to law by the above named applicant this _____ day of _____, 20 ____ at the County of _____, State of _____

Notary Public

My Commission Expires