



Continued Education Application

Date _____

Subject _____

Instructor _____
(If you are the instructor, place your name above)

Instructor's Phone # _____

Location _____

Please enter the following percentages that best describe the Continued Education Course.

___ % Hands On/ Technical

___ % Code & Standards

___ % Communications

___ % Liabilities

___ % Business

___ % Safety

___ % Sales

100% Total

Length of course: _____ hrs. (Must be filled in for credit)

Sponsoring Organization: _____

Summary of seminar/workshop and required signature is located on the back of this page

SUMMARY OF SEMINAR/WORKSHOP

(Course Outline and Summary)

Signature

Date

*Masonry Heater Association of North America
2180 S. Flying Q Ln.
Tucson, AZ
85713*