



NOTIFICATION OF INTENT TO PRESENT A PRELIMINARY OR CONTINUING EDUCATION COURSE

INSTRUCTIONS: As specified in California Code of Regulations, Title 25, Division 1, Chapter 4, Subchapter 2, Section 5332 (hereinafter 25CCR), (Type or Print) this form must be completed and submitted to the California Department of Housing and Community Development at least ten (10) days prior to presentation of a preliminary or continuing education course, except for a correspondence course or course challenge. More than one course and/or date and time of presentation may be reported on this form.

COURSE PROVIDER NAME: _____ TELEPHONE NUMBER: (____) _____
First Last

ADDRESS: _____
Number and Street City State ZIP Code

E-MAIL ADDRESS (If applicable): _____

DATE(S)	TIME(S)	NOTE: More than one date and/or time may be shown if all other information is the same.			
_____	_____	COURSE TITLE _____			
_____	_____	APPROVAL NUMBER(S) _____			
_____	_____	COURSE PRESENTATION LOCATION _____			
_____	_____	<small>Facility Name</small>			
_____	_____	<small>Number and Street</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
_____	_____	INSTRUCTOR NAME(S) _____		APPROVAL NUMBER(S) _____	
_____	_____	<small>First</small>	<small>Last</small>		
_____	_____	<small>First</small>	<small>Last</small>		
_____	_____	CLOCK HOURS _____			

DATE(S)	TIME(S)	NOTE: More than one date and/or time may be shown if all other information is the same.			
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_____	_____	<small>Number and Street</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
_____	_____	INSTRUCTOR NAME(S) _____		APPROVAL NUMBER(S) _____	
_____	_____	<small>First</small>	<small>Last</small>		
_____	_____	<small>First</small>	<small>Last</small>		
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_____	_____	<small>First</small>	<small>Last</small>		
_____	_____	<small>First</small>	<small>Last</small>		
_____	_____	CLOCK HOURS _____			

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		First	Last		
_____	_____	_____			
		First	Last		
_____	_____	CLOCK HOURS _____			

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				Facility Name _____	
		Number and Street	City	State	ZIP Code
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		First	Last		
_____	_____	_____			
		First	Last		
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		First	Last		
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