



STATE OF CALIFORNIA
 BUSINESS, TRANSPORTATION AND HOUSING AGENCY
 DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
 DIVISION OF CODES AND STANDARDS
 OCCUPATIONAL LICENSING PROGRAM

FOR DEPARTMENT USE ONLY

DTN #:

Date Received:

Approved By:

Disapproved By:

Date:

APPLICATION FOR CONTINUING EDUCATION EQUIVALENCY APPROVAL

SECTION 1 – NOTICE TO LICENSEE

Pursuant to California Health and Safety Code Section 18056.2, the California Department of Housing and Community Development (HCD) may grant continuing education clock hour credits for activities which have provided educational opportunities at least equivalent to attendance at approved continuing education courses as prescribed in California Code of Regulations, Title 25, Division 1, Chapter 4, Subchapter 2, Section 5316 (hereinafter 25CCR).

A maximum of two (2) hours of continuing education clock hour credits may be granted for every one (1) hour of equivalent activity pursuant to 25CCR Section 5316(c).

Clock hour credits for equivalents or a combination of equivalents and challenges cannot exceed 50 percent of the total clock hour credits required for license renewal pursuant to 25CCR Section 5316(d).

Applications for equivalency approval must be received by HCD prior to six (6) months before the license expires. Qualifying activities performed within the last six (6) months of the licensure period will be applied to the next license renewal pursuant to 25CCR Section 5316(e).

A fee of one hundred and sixty-seven dollars (\$167) plus sixty-six dollars (\$66) for each clock hour requested in excess of two (2) hours is required with this application pursuant to 25CCR Section 5360(e).

SECTION 2 – APPLICANT INFORMATION (Type or Print)

HCD LICENSE NUMBER: _____

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

RESIDENCE ADDRESS: _____
Number and Street City State ZIP Code

MAILING ADDRESS (If different from above): _____
Number and Street or P. O. Box City State ZIP Code

E-MAIL ADDRESS (If applicable): _____

SECTION 3 – EQUIVALENT ACTIVITIES (Type or Print)

TOTAL EQUIVALENT ACTIVITY HOURS _____ TOTAL CLOCK HOURS REQUESTED _____

- INSTRUCTIONS:
1. Give a full description of the activities you believe qualify for equivalency (including the name, address, and telephone number of school or course provider).
 2. Specify the date(s) and number of hours you participated in each activity.
 3. Attach substantiating materials and information (such as: copies of certificates, training materials, etc.).
 4. Complete Section 4.

SECTION 3 – EQUIVALENT ACTIVITIES - Continued (Type or Print)

Give a full description of the activities you believe qualify for equivalency.

CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO PROVIDE THE FULL DESCRIPTION OF QUALIFYING ACTIVITIES

SECTION 4 – APPLICANT CERTIFICATION

I, _____, certify under penalty of perjury under the laws of the
Type or Print First and Last Name
State of California that the information given on this application and any attachments hereto are true and correct to the best of my knowledge and belief.

APPLICANT SIGNATURE _____ DATE _____

EXECUTED IN THE COUNTY OF _____ STATE OF _____