

INSTRUCTIONS FOR PRELICENSURE EDUCATION FOR RESIDENTIAL BUILDERS AND RESIDENTIAL MAINTENANCE & ALTERATIONS CONTRACTORS SPONSORS

NONDISTANCE-LEARNING PRELICENSE COURSE APPROVAL ONLY

Classes May Not Be Scheduled or Advertised Until Sponsor Has Received Approval From the Department (Includes advertising as “Pending Approval”)

General Information

Definitions

1. **Course:** the total number of hours taught by a Sponsor, usually comprised of one or more subjects.

Courses are currently approved on a 3 year license cycle basis. Once approved, a course must be offered in its entirety as requested by the Sponsor. The licensee must complete the entire course as it is advertised and held by the Sponsor, regardless of the number of hours he/she may yet have to complete.

2. **Class:** the group of licensees in one location who are presented an approved course by an approved Sponsor.
3. **Sponsor Approval Number:** the unique identifier given to indicate that a Sponsor is approved.

Sponsors are currently approved on 3 year license cycle basis. For example, during **renewal cycle** 2008 - 2011, all Sponsors will be assigned a **Xxxx** number that must appear on all correspondence to the Department, the agendas and the Certificate of Completion given to each licensee in attendance at an approved class. The “alpha” identifier will change after the renewal period of a three-year license.

4. **Course Approval Number:** the unique identifier given to each approved course, e.g., for the three-year license period will be **Xxxx**.

Course approval numbers, e.g., **Xxxx**, are assigned during the three-year license period and correspond to the Sponsor Approval number. This number must appear on the agenda and the Certificate of Completion given to each licensee who completes an approved Pre-licensure course in its entirety. This is used to assist licensees so they do not duplicate attendance when similarly approved courses are taught. All courses completed must be different; there is no credit allowance provided for duplicating courses.

5. **Course Outline:** the curriculum outline.

This outline must contain detailed information which allows the state to determine whether it is accurate and relevant, based upon law and rule.

Private Occupational Schools

Application must also be made to the Michigan Department of Labor & Economic Growth, Proprietary School Unit, by any private entity wishing to offer Residential Builders or M & A Contractors courses for prelicensure credit. Approval by the Proprietary School Unit is given in conjunction with Testing, Education & Program Services. Approval cannot be issued until all items are coordinated between the two units. You can contact the Proprietary School Unit at (517) 373-6774, or visit their website at www.michiganps.net, for information regarding the requirements for obtaining a proprietary school license.

Application Process

When filing a Sponsor application, the following documents are required in order to complete the package sent to the Department. Please refer to the **Prelicensure Checklist** to ensure that your application is complete before submitting it. **All incomplete applications will be denied.**

1. **Prelicensure Course Approval Application and Notice Residential Builders and Residential Maintenance & Alterations Contractors (BCS/LTS-2101)**

This must be completed in its entirety in order to be processed. Of special importance is Side 2 which is the **Topic Matrix required for all courses**.

Courses will be approved until the end of each 3 year license cycle.

2. **Prelicensure Annual Instructor Approval Form Residential Builders and Residential Maintenance & Alterations Contractors (BCS/LTS-2102).**

Instructors are given authority to teach only when they are affiliated with an approved Sponsor. Each Sponsor must submit this Approval Form for each of the instructors teaching the approved material.

An instructor of prelicensure or continuing competency courses shall possess either of the following qualifications:

1. Be qualified pursuant to the requirements of MCL 339.2404b(4) or
2. Be qualified by experience, education, or both, to supervise and instruct a pre-licensure or continuing competency course required pursuant to MCL 339.2404b, including at least 1 of the following:
 - a. Be a properly licensed, certified or approved instructor at a high school, intermediate school district, community college, university, the bureau of construction codes, the Michigan occupational safety and health administration, other government agency or a proprietary school licensed by the department.
 - b. Be a licensed residential builder or maintenance and alteration contractor with at least 3 years of experience in the subject matter being taught.
 - c. Possess alternative qualifications approved by the department.

Every course of study must have an instructor who is acceptable to the Department.

3. **Timed Course Outline/Detailed Course Description**

This form must represent how many minutes will be given to each subject to determine how many hours requested for the course. Approved Sponsors may offer courses in a variety of time configurations. You may want to include objectives and/or a written summary of course (instructor notes, powerpoint, etc.).

4. **Sample Certificate of Completion**

All participants who have successfully completed the approved course **must** receive a certificate. Please review the Prelicensure Application Checklist for the information to be included on this form. Certificates must list all Department-assigned, course approval numbers for each course taught. This will help avoid the possibility that a licensee completes a duplicate course for which credit will not be granted.

5. **Session Length**

Currently, all classes must be at least one clock hour in length, if the Department determines that the topic may be adequately covered in that time frame. The student must attend the class in its entirety in order to receive credit. For example, if a student needs only two hours to complete the prelicensure requirement and enrolls in an approved, six-hour course, he/she is required to complete the entire six hours in order to receive a completion certificate. The Sponsor may only grant credit to individuals who complete the entire course, not a partial course.

6. **Student Records**

A school, institution, sponsor or instructor needs to establish and maintain a record for each student attending their sessions. These records must be maintained for **a period of 5 years**. The record must consist of the following:

- a. student's name and address
- b. the number of clock hours attended
- c. the date of course completion
- d. the last 4 digits of the student's social security number
- e. the student's date of birth
- f. the student's grade, if an examination is required to determine successful completion of the course

7. **Processing Applications**

The Department will notify you in writing of approval, notice of incomplete application or denial of your application.

Remember that classes cannot be advertised, scheduled or held until you have been approved by the Department.

If all of these instructions are followed carefully, it will help ensure that the application is complete. If there is any information contained herein that is not clear, applicants are encouraged to contact Testing & Education Services for assistance at 517-241-9231. Thank you for your cooperation and attention to the information presented here.

**PRELICENSURE EDUCATION APPLICATION CHECKLIST
FOR NONDISTANCE-LEARNING COURSE APPROVAL
RESIDENTIAL BUILDERS AND RESIDENTIAL
MAINTENANCE & ALTERATIONS CONTRACTORS**

The following checklist is for your use in assembling and submitting the materials required for your application to offer **nondistance-learning courses**. **You do not have to return this form.**

- Prelicensure Course Approval Application and Notice Residential Builders and Residential Maintenance & Alterations Contractors (BCS/LTS-2101).
- Prelicensure Annual Instructor Approval Form Residential Builders and Residential Maintenance & Alterations Contractors (BCS/LTS-2102).
- Proprietary School Unit License (Proprietary Schools Only)
- Timed Course Outline/Detailed Course Description – Must include:
 - ➔ Sponsor Name, Address and Telephone Number
 - ➔ Name of the Subject(s) to be taught
 - ➔ How many minutes each subject is given, inserting how many minutes for any breaks or lunch – (Minimum of one [1], 15-minute break is mandatory for each two hours of instruction)
 - ➔ Written summary/description of course (Instructor notes, Powerpoint, etc.)
- Sample Certificate of Completion – Must contain, at a minimum:
 - ➔ Sponsor Name
 - ➔ Name of Participant
 - ➔ Date Course was completed
 - ➔ Sponsor Approval Number – (**Xxxx**)
 - ➔ Course Approval Number (**Xxxx**) for each Course Taught
 - ➔ Course Name and number of clock hours approved showing topic hours per Topic Matrix
 - ➔ Signature of Sponsor Coordinator or Instructor

PRELICENSURE COURSE APPROVAL APPLICATION AND NOTICE RESIDENTIAL BUILDERS AND RESIDENTIAL MAINTENANCE & ALTERATIONS CONTRACTORS

AUTHORITY: P.A. 299 of 1980, as amended
 COMPLETION: Mandatory
 PENALTY: Failure to complete may result in denial of your application

Instructions: Sponsor should complete the application, Part A, B, and C where applicable. Attach timed course outline/detailed course description, certificate of completion, complete the Topic Matrix on side 2 of the form, and you must also include the Instructor Approval Form BCS/LTS-2102 and submit to the Department. Upon approval, a copy of this form will be returned with part D completed for the Sponsor's records.

A. COURSE INFORMATION (Complete one form for each course offered, information listed will appear on the Department website.)

| | | | |
|---------------------------------|--|-----------------------------------|------------------------------------|
| Course Name | | Sponsor Name | |
| Web Address (if applicable) | | E-mail Address (if applicable) | |
| Number of Classroom Hours | <input type="checkbox"/> Prelicensure (Complete Topic Matrix) | Sponsor Telephone Number | MI Sponsor Number, If Known |
| Sponsor Type | <input type="checkbox"/> High School <input type="checkbox"/> Intermediate School District <input type="checkbox"/> College or University <input type="checkbox"/> Trade Association <input type="checkbox"/> State Agency <input type="checkbox"/> Proprietary School | Proprietary School State Approval | Submit copy of approval to operate |
| Contact Person/Coordinator | <input type="checkbox"/> MI License #: <input type="checkbox"/> Out-Of-State - approval to operate | | |
| Contact Person Telephone Number | Complete Address of Sponsor or Licensee | | |
| | City, State, Zip Code | | |

B. ATTENDANCE POLICY

| |
|--|
| How is attendance monitored? |
| <input type="checkbox"/> Sign In <input type="checkbox"/> Other - Please describe: |
| Is there a class makeup policy? If Yes, please describe: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |

C. METHOD OF GRADING

| |
|--|
| Describe method of grading (include passing/failing scores) |
| Describe other standards students must meet to pass the course |

 Signature of Sponsor/Coordinator

 Date

D. DEPARTMENT APPROVAL (For Office Use Only)

| | | | |
|---------------------------------------|---------------------|----------------------|------------------------|
| Sponsor Number | Course No. Assigned | Hours Approved | |
| <input type="checkbox"/> Prelicensure | Approval Signature | Date Course Approved | Course Expiration Date |

AT THIS TIME ONLINE/DISTANCE COURSES CANNOT BE APPROVED

| Topic Matrix | | | | |
|---|-----------------|--------------------|-----------------------|--|
| Residential Builder or Residential Maintenance and Alteration Contractors | | | | |
| Pre-Licensure Hours Required | | | | |
| | Required | Topic Hours | Elective Hours | |
| Business Management, Estimating and Job Costing | | | | |
| | 6 | | | |
| Business Management | | | | |
| Estimating | | | | |
| Job Costing | | | | |
| Design and Building Science | | | | |
| | 6 | | | |
| Design and Building Science | | | | |
| Contracts, Liability, and Risk Management | | | | |
| | 6 | | | |
| Contracts | | | | |
| Liability | | | | |
| Risk Management | | | | |
| Marketing and Sales | | | | |
| | 6 | | | |
| Marketing | | | | |
| Sales | | | | |
| Project Management and Scheduling | | | | |
| | 6 | | | |
| Project Management | | | | |
| Scheduling | | | | |
| Current Michigan Residential Code | | | | |
| | 6 | | | |
| Michigan Residential Code | | | | |
| Construction safety standards promulgated under the Michigan occupational safety and health act, 1974 PA154, MCL 408.1001 to 408.1094. | | | | |
| | 6 | | | |
| Michigan Construction Safety Standards | | | | |
| Subject Matter Electives | | | | |
| | 18 | | | |
| Electives | | | | |
| TOTAL HOURS | | | | |
| | 60 | | | |

| |
|------------------------|
| OFFICE USE ONLY |
| Date Approved: |
| Approval Year: |

PRELICENSURE ANNUAL INSTRUCTOR APPROVAL FORM RESIDENTIAL BUILDERS AND MAINTENANCE & ALTERATIONS CONTRACTORS

AUTHORITY: P.A. 299 of 1980, as amended
 COMPLETION: Mandatory
 PENALTY: Failure to complete may result in denial of your application

School/Sponsor Information (Please Type or Print)

| | | | |
|--|------------------------|----------------------------|----------|
| Name of School/Sponsor | School Approval Number | Telephone Number () | |
| School/Sponsor Coordinators Name | | | |
| School/Sponsor Address (Number & Street) | City | State | Zip Code |

Applicant Information (Please Type or Print)

| | | | |
|---|-----------------------------|----------------------|----------|
| Name of Applicant (First Name, MI, Last Name) | | | |
| Title | Company Name | | |
| Company Address (Number & Street) | City | State | Zip Code |
| Applicant's Address (Number & Street) | City | State | Zip Code |
| Telephone Number () | Cell Phone Number () | Fax Number () | |
| E-Mail Address | Website | | |

Please provide the following information and check the appropriate boxes:

| |
|---|
| <p>1. <input type="checkbox"/> Currently an instructor at a high school, ISD, community college or university.</p> <p><input type="checkbox"/> A person properly licensed, certified or authorized by the department or other governmental agency.</p> <p>2. <input type="checkbox"/> Name of agency and/or certification _____</p> <p>a. <input type="checkbox"/> Certification attached.</p> <p>3. <input type="checkbox"/> A Person who possess alternative quaifications approved by the department and is qualified by experiece, education or both to supervise and instruct a course of study as outlined in sections 2404b(1)(2) & (3)</p> <p>4. <input type="checkbox"/> A licensed Residential Builder or Maintenance & Alterations Contractor with at least 3 years of experiece in the subject matter being taught.</p> <p>a. <input type="checkbox"/> Michigan Licnese Number _____</p> <p>b. <input type="checkbox"/> If out-of-state copy of license attached.</p> <p>5. <input type="checkbox"/> Other: _____</p> <p style="text-align: center;">AND</p> <p>6. <input type="checkbox"/> I have attached a copy of my resume.</p> |
|---|

 Signature of Instructor

 Date

 Signature of School Coordinator

 Date