



Registered Provider Application

Name of Company or Organization: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail Address: _____

Website Address: _____

Business Description:

Who within your company is developing course content?

List his or her qualifications:

How will you ensure that ISPE's Professional Development policies are adhered to?

How will you determine which programs to offer? How will engineers be involved in developing the courses?

Who will be the instructor(s)?

List their qualifications:

How will you evaluate your courses, and how will that information be provided to ISPE?

How will you document attendance and retain attendance records?

How will you distribute certificates of completion to course participants?

I acknowledge that, if approved, my company will be responsible for adhering to the guidelines set by ISPE for the Registered Provider Program. If we do not adhere to the guidelines our provider license may be revoked.

Name: _____

Title: _____

Signature:

Date: _____

Submit completed form to info@illinoisengineer.com.