



ENGINEERING SOCIETY  
OF ILLINOIS

## 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 ESI'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 ESI?

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 ESI 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](mailto:info@illinoisengineer.com).