



Registered Provider Course Submission

Name of Company or Organization: _____

Contact Name: _____

Phone: _____

E-Mail Address: _____

Course Title: _____

Course Date: _____

Course Location: _____

Cost, if any: _____

PDHs offered: _____

Program Timeline:

Brief Description of Program:

Learning Objectives:

- 1.
- 2.
- 3.

Instructor Name and Qualifications:

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.