

IGSHPA Continuing Education Credit Form

Accreditation for IGSHPA accredited installers is valid for three years. During those three years an installer must accumulate eight points to renew the accreditation. The points can be accumulated in three ways – through employment, membership in an approved organization and/or education. Please complete the sections below as they apply to your accreditation renewal, then sign and return the form to the address listed on the reverse.

1. EMPLOYMENT

The installer may accumulate 4 points by remaining continually employed for three years in the combined geothermal heat pump installation, heating, ventilation, and air-conditioning field. For those with less than three years of employment, points are accumulated at the rate of 1.33 points per year.

Employer

Dates of Employment

Employer's Address

Number of points (Number of years x 1.33)

2. MEMBERSHIP

The installer may accumulate points by continuous membership in IGSHPA, GHPC, ASHRAE, or similar organization. The points are accumulated 1 point per year of membership. Membership in more than one organization will apply toward accumulation of multiple points per year.

Organization Name

Dates of Membership

Organization Name

Dates of Membership

Organization Name

Dates of Membership

Number of points (# of years x 1 for each organization)

3. EDUCATION

The installer may accumulate points by participation in continuing education or professional activities in the combined geothermal heat pump and HVAC field. 2 points can be accumulated for each college credit hour. 2 points can also be accumulated for each 20 contact hours in seminars. Total contact hours times 0.1 = CEU credit points if less than 20 hours attended.

Vocational or College Training (attach a copy of credit hours awarded)

Course Name

School or University

Instructor

Location

Certificate awarded Yes No

Date Completed

Number of Credit Hours Received

Number of points (Credit hours x 2)

EDUCATION (CONTINUED)

Conference Seminars/Sessions Attended (attach a copy of the conference program)

Seminar/Session Name _____ Conference Name _____

Date _____ Location _____

Length of Seminar/Session (number of contact hours) _____

Number of points (contact hours x .1) _____

Seminar/Session Name _____ Conference Name _____

Date _____ Location _____

Length of Seminar/Session (number of contact hours) _____

Number of points (contact hours x .1) _____

Seminar/Session Name _____ Conference Name _____

Date _____ Location _____

Length of Seminar/Session _____

Number of points (Length of session x .1) _____

PLEASE COMPLETE, SIGN, AND RETURN THIS FORM ALONG WITH REQUESTED MATERIALS AND \$25.00 PROCESSING FEE TO:

IGSHPA
Continuing Education
374 Cordell South
Stillwater, OK 74078

-or-

Fax to:
405-744-5283

- Check Enclosed (US Dollars only)
- Visa MasterCard

Account Number _____ Exp. Date _____

Name as it appears on card _____

Signature _____

Points for Section 1	
Points for Section 2	
Points for Section 3	
Total points applied for	

Questions?
Contact John Clapp
405-744-5175
j.clapp@okstate.edu

Name of Applicant (please print) _____

Signature of Applicant _____ Date _____