

HOME INSPECTION COURSE APPROVAL (School, Branch, Faculty)

NYS Department of State
Bureau Of Educational Standards
PO Box 22001
Albany, NY 12201-2001

APPROVAL CODE NUMBERS		DATE 08/16/2016
QUALIFYING MODULE CODE NUMBERS: MODULE 1 MODULE 2 MODULE 3 MODULE 4		BRANCH 1
CONTINUING EDUCATION: L2281-02 10 Steps to Performing a Roof Inspection		FACULTY
		FEE \$25.00
EFFECTIVE DATE 08/01/2016	EXPIRATION DATE 12/31/2016	RECEIPT #

This is to certify that the named school has received approval to conduct home inspection courses pursuant to Chapter 461 of the Laws of 2004 at the location(s) specified below and has paid the required fee as indicated.

Approved Primary Location

InterNACHI
1750 30th Street, Suite 301
Boulder, CO 80301
ATTN: Ben Gromicko

Approved Branch Location

Same as Above

InterNACHI

Student Attendance and Enrollment in the Live Webinar Class

Student Attendance:

Prior to the live class beginning, the instructor will take student attendance. The instructor will:

- count the number of students attending the class;
- look at each student's face;
- interact with each student and ask each student a few of questions, including:
 - asking each student to orally identify themselves with their full and complete name; and
 - asking each student to present some form of photo ID (driver's license is preferred) to their webcamera;
- compare the student's photo ID with the student face;
- ask the student for their unique license identification number issued by the Department of State; and
- compare the student's responses with the student enrollment information (provided by the student at the time of registering for the class).

No person shall receive credit for the class, if he or she is absent from the class room during any instructional period for a period or periods totaling more than 10 percent of the time prescribed for the class, and no person shall be absent from the class room except for a reasonable and unavoidable cause.

The instructor shall certify to the Department of State the name of each licensed person who successfully completes the course of study and his or her unique license identification number as assigned by the Department of State, and shall maintain its attendance records and a copy of such report for three years and, in addition, shall maintain the following records concerning the course:

- the approval number issued by the Department of State for the course;
- title and description of the course;
- the dates and hours the course was given; and
- the names and unique identification numbers of the persons who took the course and whether they completed it successfully.

Student Enrollment Information:

The student enrolls in the live webinar class, prior to the class beginning, by completing a registration form, which includes: the student's full and complete name, InterNACHI ID member number (if applicable), unique license identification number as assigned by the Department of State, company name, mailing address, e-mail, and phone number.

Additional Info:

This is a 2 hour live webinar course delivered over the internet. The instructor is based in Colorado and the students are based in New York. The student identity and attendance is verified via web-camera (as described in attendance document).

<https://www.nachi.org/webinar.htm>

Materials sent in with this application:

\$25 check

Signed paper of person authorized to sign certificates – Ben Gromicko.

Additional Info Page: Stating that this is a webinar course and the instructor is in Colorado while the students are in NY.

Non-profit certificate from Colorado.

Goal and Objectives

6 Question quiz

Final Exam

Receipt of articles of incorporation of nonprofit

Student attendance

Timed Outline

Course Materials

Student Book

501 C-6 Page from nachi.org/catalog



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
Bureau of Educational Standards
P.O. Box 22001
Albany, NY 12201-2001
(518) 486-3803
www.dos.ny.gov

Home Inspection Continuing Education Course Approval Application

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

- All applications must be submitted **60 DAYS BEFORE** the proposed course is to be conducted.
- The non-refundable fee of **\$25** must accompany this original, signed application (photocopies will not be accepted). Fees may be paid by check or money order (made payable to the Department of State) or by MasterCard or Visa, using a credit card authorization form. Do not send cash.
- Annual registration period runs from January 1st to December 31st. All locations must be approved.
- **Attach to application: a detailed course outline with time sequence and other items listed on page 2 of this application.**

1. WHAT IS THE TITLE AND LENGTH OF THIS COURSE? Must be a minimum of 1 hour of instruction and a maximum of 24 hours of instruction.

Title	Hours
10 Steps to Performing a Roof Inspection	2.00

2. EDUCATIONAL ORGANIZATION DATA

SCHOOL/ORGANIZATION NAME

InterNACHI (International Association of Certified Home Inspectors)

ADDRESS (NUMBER AND STREET, ROOM/SUITE DESIGNATION)

1750 30th St., Suite #301

CITY	STATE	ZIP+4
Boulder	Colorado	80301

E-MAIL ADDRESS (IF ANY)

education@internachi.org

COORDINATOR'S NAME (person authorized to submit application on behalf of entity and responsible for administering Department of State regulations)

Tanya Nascimento

TELEPHONE

(303) 249-7288

E-MAIL ADDRESS (IF ANY)

tanya@internachi.org

HOME ADDRESS (NUMBER AND STREET)

1750 30th St., Suite #301

CITY	STATE	ZIP+4
Boulder	Colorado	80301

3. PRIMARY COURSE LOCATION

LOCATION ADDRESS (PLACE, NUMBER AND STREET, ROOM/FLOOR/SUITE DESIGNATION)

1750 30th St., Suite #301 (The instructor will be located here and the students will be located in New York - this is a webinar course)

CITY	STATE	ZIP+4
Boulder	Colorado	80301

4. SECONDARY LOCATIONS

LOCATION ADDRESS (PLACE, NUMBER AND STREET, ROOM/FLOOR/SUITE DESIGNATION)

CITY	STATE	ZIP+4

LOCATION ADDRESS (PLACE, NUMBER AND STREET, ROOM/FLOOR/SUITE DESIGNATION)

1750 30th St., Suite #301 (The instructor will be located here and the students will be located in New York - this is a webinar course)

CITY	STATE	ZIP+4

LOCATION ADDRESS (PLACE, NUMBER AND STREET, ROOM/FLOOR/SUITE DESIGNATION)

CITY	STATE	ZIP+4

A fee of \$20 will be charged for any check returned by a bank for insufficient funds.

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5. TYPE OF EDUCATIONAL ORGANIZATION OWNERSHIP

Is this organization an accredited College or University? Yes No* If No*, Please complete one of the following

INDIVIDUAL: (Please submit a certified copy of the Trade Name Certificate and complete the following for Owner.)

NAME _____ HOME ADDRESS (NUMBER AND STREET) _____
CITY _____ STATE _____ ZIP+4 _____

PARTNERSHIP: (Please submit a copy of Partnership Agreement and complete the following for all Partners.)

NAME _____ HOME ADDRESS (NUMBER AND STREET) _____
CITY _____ STATE _____ ZIP+4 _____

NAME _____ HOME ADDRESS (NUMBER AND STREET) _____
CITY _____ STATE _____ ZIP+4 _____

CORPORATION: (Please submit a copy of the Certificate of Incorporation and complete the following for all officers and other individuals who own 5% or more of the stock of this corporation. If needed, attach additional sheets.)

NAME _____ HOME ADDRESS (NUMBER AND STREET) _____
Nick Gromicko 1750 30th St., Suite #301
CITY _____ STATE _____ ZIP+4 _____
Boulder Colorado 80301

NAME _____ HOME ADDRESS (NUMBER AND STREET) _____
Chris Morrell 1750 30th St., Suite #301
CITY _____ STATE _____ ZIP+4 _____
Boulder Colorado 80301

NAME _____ HOME ADDRESS (NUMBER AND STREET) _____
CITY _____ STATE _____ ZIP+4 _____

6. Has any owner, partner, owner of 5% or more of the stock of the entity, or individual authorized to submit this application on behalf of the entity been convicted of any crime or offense, other than a minor traffic violation?

Yes* No If Yes*, submit a certified copy of each conviction.

7. Has any license or permit issued to, applied for by any owner, partner, holder of 5% or more of the stock of the entity, or individual authorized to submit this application on behalf of the entity, been denied, suspended or revoked by this state or elsewhere by any other governmental or regulatory body?

Yes* No If Yes*, please provide details.

Course Instructors: All instructors of approved courses must be approved with the Department of State. Applications for home inspection instructor approval are available on our website at www.dos.ny.gov or by request to the Division of Licensing Services, Bureau of Educational Standards. A one time evaluation and filing fee of \$25 is required for each instructor's approval.

8. COURSE CONTENT - ALL OF THE FOLLOWING MUST BE SUBMITTED.

- a detailed course outline with time sequence.
- a description of materials that will be distributed in the course.
- a listing of the books that will be utilized in the course.
- the procedures for taking attendance.
- list of names and signatures of individuals authorized to sign certifica
- a fee of \$25.

I subscribe and affirm under the penalties of perjury that the statements made in this application (including statements made in any accompanying papers) have been examined by me, and to the best of my knowledge and belief, are true and correct.

I understand that any misstatement made on this application for approval could result in an immediate revocation or withdrawal of the recognition of the approval of the entity by the Department of State.

Coordinator's Signature X _____

Date 7-18-2016