



Course Renewal Form

Note: Course renewals are offered to those courses that have NOT changed since their initial approval.*

Training Provider _____

Contact: _____ Phone: _____

Address: _____ Fax: _____

Email: _____

1) PS # _____ Original Approval Date: _____ # of PDH previously approved _____

Course/Activity Name: _____

2) PS # _____ Original Approval Date: _____ # of PDH previously approved _____

Course/Activity Name: _____

3) PS # _____ Original Approval Date: _____ # of PDH previously approved _____

Course/Activity Name: _____

I hereby certify the information contained in this application and supporting materials to be true to the best of my knowledge and that all attendance records for the previous approval have been filed with PIE.

Signature: _____ Date: _____

Name: _____ Title _____

Unless specified otherwise, approved courses and contact data may be posted on the PIE website. [] Opt out (initials)
If your course has changed in any substantive way from the original submission, you must resubmit using the Course Submittal Form, providing all required materials and submitting the appropriate fees.

Fee Schedule (check one)

- [] Commercial Training Provider Renewal Registration Fee \$ 75.00 each
[] **Not-for-profit Training Provider Renewal Registration Fee \$ 25.00 each

Registration Fee \$ _____ X _____ Qty = Total Fee: \$ _____

** Must be able to provide evidence of recognized not-for-profit status

Payment Information (Choose One):

- [] Check enclosed. Payable to: The Practicing Institute of Engineering, Inc. Mail to: 6 Airline Dr, Albany, NY 12205
[] Please charge to my VISA, MasterCard, Discover Card or Amex (complete information below)

Card# _____ Exp: ____/____

Card Security Code (CSC) _____ (3 digit code on the back of card, AMEX has 4 digits on front of card)

Card holders name: _____ Signature: _____

Address: _____ Zip: _____