

**THE KENTUCKY BOARD OF LICENSURE
FOR PRIVATE INVESTIGATORS
P.O. Box 1360
Frankfort, Kentucky 40602**

APPLICATION FOR APPROVAL FOR PROVIDERS TO OFFER CONTINUING EDUCATION

PLEASE TYPE ALL INFORMATION

1. SUBMITT FEE OF \$50.00 (PER COURSE) CHECK OR MONEY ORDER
PAYABLE TO THE KENTUCKY STATE TREASURER

2. COURSE TITLE & DATE(S TO BE OFFERED _____

3. NAMES and QUALIFICATIONS OF INSTRUCTORS (send documentation or list):

4. ATTACH A COPY OF THE PROGRAM AGENDA INDICATING HOURS OF
INSTRUCTION, COFFEE AND LUNCH BREAKS

5. NUMBER OF CONTINUING EDUCATION HOURS REQUESTED _____

6. APPLICATION SUBMITTED BY (include complete mailing address and license
number if licensed)

Mail application along with all necessary documentation at least sixty (60) days in advance of the commencement of the program to the address listed above.

THIS AREA IS FOR BOARD MEMBERS ONLY

APPROVE _____ DEFER _____ DENY _____