

New York State
Department of State
Division of Building Standards
and Codes

One Commerce Plaza 99 Washington Avenue, Suite 1160 Albany, NY 12231-0001 (518) 474-4073 Fax: (518) 474-5788 www.dos.ny.gov

## **Professional Development Electives Application Form**

This form is required for anyone intending to apply up to twelve hours of professional development electives toward their annual in-service training credit.

Professional development electives are training courses that have not been submitted to the Division of Building Standards and Codes for review and approval but whose subject matter advances the professional development of an individual building safety inspector or code enforcement official. Professional development electives include, but are not limited to, classes in the following topics: zoning, planning, ethics, management, communications, hazards, writing skills, time management, records management, media relations and other topics that contribute to the professional development of a building safety inspector or code enforcement official as determined by the secretary. College level courses that are within the appropriate subject matter and are worth three or more credit hours (three hours a week per semester) shall be worth twelve hours of in-service credit. Meetings, roundtable discussions and prerecorded videos are not acceptable as professional development electives.

**Building Safety Inspectors** Up to three hours of the required six hours of code enforcement in-service training may be obtained through professional development electives.

**Code Enforcement Officials** Up to twelve hours of the required 24 hours of code enforcement in-service training may be obtained through professional development electives.

Building Safety Inspectors and Code Enforcement Officials who receive annual in-service training credit by attending professional development electives shall maintain or ensure access by the Division of Building Standards and Codes (DBSC) to the following information:

- A certificate of completion issued by the sponsor
- Title of the course
- Detailed description of the course
- Number of contact hours completed
- The sponsor's name, attendance verification
- The date and location of the course

The above information shall be retained by the building safety inspector or code enforcement official for at least three years from the date of completion and shall be available for review by the Division of Building Standards and Codes upon request.

Failure to submit adequate documentation upon request by the Division of Building Standards and Codes shall result in a forfeit of the inservice training obtained through a professional development elective and will result in a review to determine whether an individual's certification should be designated as inactive or be revoked.

## Additional Information:

- Do not submit the proof of attendance with this form but maintain it with your records in the event that you are audited by the Division of Building Standard and Codes.
- If additional information is needed, you will be contacted by our office.
- Courses can only be credited towards in-service training within the year that they are completed.
- Submit one professional development elective form per year. Each time you attend a professional development elective course, enter the information on this form. Keep this form until you are finished attending professional development electives for the entire year.
- Each individual course you completed as a professional development elective will not be entered into your training history. Your
  training history will show one entry with the total number of professional development elective hours you completed for the year.
- Keep a copy of this form for your records.
- Return the completed form to the address listed at the top of this form.

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Professional Developm	ent Electives	<b>Application</b>	Form
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<u> </u>					
Box 1 – Personal Information (Print all information)	mation clearly.)				
First Name:	Middle Initial:	Last Name:		<u> </u>	
Student Training ID Number (NY or CE):					
Municipality/State Agency/Organization (if applicable):					
Mailing Address:					
Daytime Phone:	Email Address:				
Pay 2 Course Information (Print all informa	ation alongly				
<ul> <li>Box 2 – Course Information (Print all information)</li> <li>Provide the course name, sponsor/pre</li> </ul>	• •	oletion date and credit ho	ours for each cours	e vou are	
claiming. Courses with incomplete info				o you are	
Do not include any courses that are ap-	proved by the Division of Building	Standards and Codes for	· in-service training	credit.	
Course Name	Sponsor/Presenter Name	Course Location	Completion	Credit	
			Date	Hours	
			TOTAL HOURS		
(If more space is needed please complete an additional form.)					
(ii mere space to necessa prease complete an adamor					
Box 3 - Affirmation of Information					
I affirm that I have participated in the classes listed above and that I currently maintain all documentation required under 19NYCRR Part 1208 for verification of my attendance and completion for each course. I understand that I am subject to an audit by the Division of Building Standards and Codes for up to 3 years. I also understand that by not providing the proper documentation as described in Part 1208 or falsifying documents, I forfeit any of the above credit and that my certification is subject to inactive status or revocation.					
Signature:	Date:				

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