

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 12 hours of Professional Development Electives toward their 24 hours of annual In-service credit. Additionally, students must complete at least 12 hours of Division of Building Standards and Codes (DBSC) approved training annually. Please do not submit this form until all of the Professional Development Electives are completed for the year.

Instructions:

- 1. Complete your personal information (name, address, etc.)
- 2. List the course name, sponsor name, completion date and credit hours for the course(s) you wish to use for your professional development electives. All of this information must be completed for each course in order to qualify as a professional development elective. Incomplete information will not be considered.
- 3. Meetings, roundtable discussions and prerecorded videos are not acceptable as professional development electives.
- 4. A certificate or proof of attendance must be issued by the course sponsor in order to be accepted as a professional development elective. Do not submit the proof of attendance with this form but maintain it with your records in the event that you are audited by DBSC.
- 5. College level courses worth 3 or more credit hours (3 hours a week per semester) shall be worth 12 hours of in-service credit.
- 5. Courses can only be credited towards in-service training within the year that they are completed.
- 7. Please return the completed form to the address listed above.

First Name:	Middle Initial:	Last Name:	
DBSC Student Training ID Number:			
Municipality/State Agency/Organization	n (if applicable):		
Mailing Address:			
Business Phone:	Cell Phone:	Home Phone:	
E-mail address:			
Current Certification:			
■ Building Safety Inspector	Code Enforcement	Official	
	DBSC Use Only:		
Date Received:	Audited B	y:	
Approved by:	Date Appl	roved:	
Audit Date:	Vertification	on Date:	

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Course Name	Sponsor/Presenter Name	Completion Date	Credit Hours*
If more space is needed please complete an additional form.)			
Credit hours shall be the number of hours reflected on the certific epresent the number of credit or contact hours that the course spons	cate issued for the course. If no hours are in sor maintains in their records for the course.	dicated on the certi	ficate than it sh
certify that I have participated in the classes listed 9NYCRR Part 1208 for verification of my attendance or an audit by DBSC for up to 3 years. I also undescribed in Part 1208 or falsifying documents, I for inactive status or revocation.	e and completion for each course. I derstand that by not providing th	understand that e proper docu	it I am subje mentation a
Signature of Applicant:	Date	:	
Print Name:			

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