



South Carolina Department of Labor, Licensing and Regulation
South Carolina Building Codes Council
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llr.sc.gov/bcc

REQUEST FOR COURSE APPROVAL

Course Title: _____

Course Provider: _____

Type of course: Structured, Repetitive Structured, One Time In-House

Instructor(s): _____

Instructor Qualifications: *Submit a bio for all instructors to include, name, current title or position and experience in subject matter.*

Overall Course Summary:

Subject Matter by Topic:

Length of Time in Minutes:
(Do not include breaks/ lunch time)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	Total: _____

Course Fee: \$ _____

License Classifications Affected (Target Audience):

Course Fee: \$ _____

(For Building Codes Council Use Only)

Course Approval No.: _____ Date Approved: _____

Approved for _____ hours of continuing education.