



STATE OF CALIFORNIA  
 BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
 DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
 DIVISION OF CODES AND STANDARDS  
 OCCUPATIONAL LICENSING PROGRAM

FOR DEPARTMENT USE ONLY

DTN #:

Date Received:

Approved By:

Disapproved By:

Date:

**APPLICATION FOR CONTINUING EDUCATION EQUIVALENCY APPROVAL**

**SECTION 1 – NOTICE TO LICENSEE**

Pursuant to California Health and Safety Code Section 18056.2, the California Department of Housing and Community Development (HCD) may grant continuing education clock hour credits for activities which have provided educational opportunities at least equivalent to attendance at approved continuing education courses as prescribed in California Code of Regulations, Title 25, Division 1, Chapter 4, Subchapter 2, Section 5316 (hereinafter 25CCR).

A maximum of two (2) hours of continuing education clock hour credits may be granted for every one (1) hour of equivalent activity pursuant to 25CCR Section 5316(c).

Clock hour credits for equivalents or a combination of equivalents and challenges cannot exceed 50 percent of the total clock hour credits required for license renewal pursuant to 25CCR Section 5316(d).

Applications for equivalency approval must be received by HCD prior to six (6) months before the license expires. Qualifying activities performed within the last six (6) months of the licensure period will be applied to the next license renewal pursuant to 25CCR Section 5316(e).

A fee of one hundred and sixty-seven dollars (\$167) plus sixty-six dollars (\$66) for each clock hour requested in excess of two (2) hours is required with this application pursuant to 25CCR Section 5360(e).

**SECTION 2 – APPLICANT INFORMATION** (Type or Print)

HCD LICENSE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_  
First Last

RESIDENCE ADDRESS: \_\_\_\_\_  
Number and Street City State ZIP Code

MAILING ADDRESS (If different from above): \_\_\_\_\_  
Number and Street or P. O. Box City State ZIP Code

E-MAIL ADDRESS (If applicable): \_\_\_\_\_

**SECTION 3 – EQUIVALENT ACTIVITIES** (Type or Print)

TOTAL EQUIVALENT ACTIVITY HOURS \_\_\_\_\_ TOTAL CLOCK HOURS REQUESTED \_\_\_\_\_

- INSTRUCTIONS:
1. Give a full description of the activities you believe qualify for equivalency (including the name, address, and telephone number of school or course provider).
  2. Specify the date(s) and number of hours you participated in each activity.
  3. Attach substantiating materials and information (such as: copies of certificates, training materials, etc.).
  4. Complete Section 4.

**SECTION 3 – EQUIVALENT ACTIVITIES - Continued** (Type or Print)

Give a full description of the activities you believe qualify for equivalency.

CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO PROVIDE THE FULL DESCRIPTION OF QUALIFYING ACTIVITIES

**SECTION 4 – APPLICANT CERTIFICATION**

I, \_\_\_\_\_, certify under penalty of perjury under the laws of the  
Type or Print First and Last Name  
State of California that the information given on this application and any attachments hereto are true and correct to the best of my knowledge and belief.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EXECUTED IN THE COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_