

Continuing Competency MI Residential Builders' License



The continuing competency requirement became effective in 2009. During future renewal periods, individuals will be required to certify the number of continuing competency hours earned according to the number of years the individual has been licensed. Courses taken prior to becoming licensed cannot be used or counted toward meeting the continuing competency requirements.

Builders who have obtained their license **before January 1, 2009** will be required to have **three hours** of continuing competency, 1 hour of codes, 1 hour of safety, and 1 hour of legal issues, **before the 2011 licensing cycle**. After the 2011 license cycle, 3 hours are required per license cycle.

Note: the three 1 hour courses have been approved by the State of Michigan as continuing competency for builders who have had a builders license before January 1, 2009 years. The courses may be taken individually or together to fulfill the State of Michigan requirements.

** Preapproved courses taken from January 1, 2009 onward will count toward the continuing competency credits. This includes all EPA RRP courses which fulfill the SAFETY requirement only.*

Presented By:

Bruce Frost,
Central Michigan University

In Partnership With:



Course Times: Course Fees:

9am—noon
OR 1—4pm

members / nonmembers
[\$49] [\$99]

Courses held at the Home & Building Association located at 3196 Kraft Ave SE, Suite 300, Grand Rapids MI 49512.

Registration Form—Continuing Competency for MI Residential Builders License & Maintenance & Alteration License

Company Name _____ Phone _____

Please register me for July 19 August 20 September 8 October 8 November 17 December 7

For the date selected above, I would like the am session (9am-noon) the pm session (1-4pm) the pm session (6-9pm) *July 19 only
Class size limited to 15 students

Name _____ Email _____

Total Fee: _____ members [\$49 for 3 hrs] OR nonmembers [\$99 for 3 hrs]

Payment Method (please check one) Visa MC Discover AMEX Check

Card # _____ Exp. Date _____ V-Code _____

Billing Address _____ Phone _____