



City of Omaha ACAD Board  
Permits and Inspections Division  
1819 Farnam Street, Room 1110  
Omaha, NE 68183

## CONTINUING EDUCATION CERTIFICATION APPLICATION

Seminar Title: \_\_\_\_\_

Subject Matter: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Instructor: \_\_\_\_\_

Seminar Institution: \_\_\_\_\_

Seminar Location: \_\_\_\_\_

Date of Seminar: \_\_\_\_\_

Seminar Duration: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Return to: City of Omaha ACAD Board  
Permits and Inspection Division  
ATTN: Thomas Phipps  
1819 Farnam Street Room 1110  
Omaha, NE 68183