



Montana Home Inspector Program

PO Box 200513

301 S Park, 4th Floor

Helena, MT 59620-0512

Phone: (406) 444-6880

Email: dlibsdhel@mt.gov Website: homeinspector.mt.gov

Requirements and Application Checklist Home Inspector Education Provider Course

Requirements

The organization must demonstrate that its educational program meets the following criteria to be approved by the Department:

1. Consists of at least 40 hours of instruction.
2. Is comprehensive and covers at least the following topics: roofing; exterior; interior; structural; electrical; plumbing; heating and cooling (HVAC); insulation; fireplace and chimney; ethical business practices, professional standards, and reports.
3. Conducts a valid assessment of students' knowledge and understanding of the subject matter being taught in order to demonstrate successful completion. The organization shall describe in detail how the assessment is made, and the criteria by which a student is deemed to have successfully completed the educational program.

Required Documents

- ☐ a syllabus or course outline, including a summary of each course topic
- ☐ method of administering assessment
- ☐ detailed explanation of how the assessment is made, and the criteria by which a student is deemed to have demonstrated successful completion

Montana Home Inspector Program

PO Box 200513

301 S Park, 4th Floor

Helena, MT 59620-0512

Phone: (406) 444-6880

Email: dlibsdhel@mt.gov Website: homeinspector.mt.gov

Home Inspector Education Provider Course Application

Course Title: _____

Course length in hours: _____

Sponsoring Organization: _____

Mailing Address: _____

Phone Number: _____ Website: _____

Contact Person: _____

Contact phone: _____ Contact Email: _____

I request that the Montana Department of Labor & Industry/Employment Standards Division review the attached materials for approval of this course. I certify that the information submitted regarding this course is true and correct. I understand that the Department of Labor & Industry/Employment Standards Division may request additional materials.

Printed Name

Title

Signature

Date