



PHCC of MA

CORRESPONDENCE COURSE

COMMONWEALTH OF MASS. REQUIRED CONTINUING EDUCATION FOR PLUMBERS/GAS FITTERS

SESSIONS 5 THROUGH 10 CORRESPONDENCE COURSES

These correspondence courses are designed to present you with the information contained in the Massachusetts Plumbing and Gas Fitting Session 5, Session 6, Session 7, Session 8, Session 9, and Session 10 continuing education programs and, upon successful completion, enable you to earn your required continuing education credits.

Continuing education is mandated by the Commonwealth and requires licensed plumbers take 12 hours and gas fitters 6 hours of continuing education every license cycle. The two year license cycle begins on May 1 and ends April 30. The end of the current license renewal cycle is April 30, 2018, at which time all licensees should have completed both of the required Session 9 and Session 10 continuing education programs.

Name: _____
As listed on your plumbing or gas fitting license

Street Address (No P.O. Box): _____

City: _____ State: _____ Zip: _____

Email: _____ Contact Phone: _____

Journeyman License # _____ Plumber Gas Fitter

Master License # _____ Plumber Gas Fitter

Corporate License # _____ Plumber Gas Fitter

Check appropriate box below.

		Six-Hour			Three-Hour	
	<input type="checkbox"/>	Plumbing & Gas Fitting			Gas Fitting Only	
		<u>Fee</u>			<u>Fee</u>	
Session 10 (2017-2018 Program)	<input type="checkbox"/>	\$200	\$160	<input type="checkbox"/>	\$100	\$80
Session 9 (2016-2017 Program)	<input type="checkbox"/>	\$200	\$160	<input type="checkbox"/>	\$100	\$80
Session 8 (2015-2016 Program)	<input type="checkbox"/>	\$200		<input type="checkbox"/>	\$100	
Session 7 (2014-2015 Program)	<input type="checkbox"/>	\$200		<input type="checkbox"/>	\$100	
Session 6 (2013-2014 Program)	<input type="checkbox"/>	\$200		<input type="checkbox"/>	\$100	
Session 5 (2012-2013 Program)	<input type="checkbox"/>	\$200		<input type="checkbox"/>	\$100	

The correspondence program will be mailed within 5 business days via UPS ground.

Credit Card Type (Circle One)	American Express	Discover	Mastercard	Visa
Credit Card Number	_____			Expiration Date _____
Cardholder's Name	_____			Security Code _____
Signature	_____			

Please mail with check or fax with credit card number to PHCC of MA, 400 Washington St., Suite 401, Braintree, MA 02184
Fax: 781-843-1178 CE Hotline: 781-843-3840 (Checks should be made payable to PHCC of MA)