



**STATE of RHODE ISLAND  
DEPARTMENT OF LABOR AND TRAINING**

Workforce Regulation and Safety Division  
Professional Regulations Unit  
P.O. Box 20247, Cranston, RI 02920-0943  
T: 401-462-8580 | [dlt.ri.gov/profregs](http://dlt.ri.gov/profregs)

## PROVIDER AGREEMENT FORM

(1)

This Agreement is by and between \_\_\_\_\_, as Provider and entity if applicable, \_\_\_\_\_ as agent on behalf and the Board of Examiners for Plumbers, do hereby agree with the Board to undertake the following obligations in furtherance of the Board's Mandatory Continuing Education (MCE) and if applicable, Professional Development (PD) requirements as established in Title 260-RICR-30-15-9  
CHECK THIS BOX PRIOR TO MOVING TO BOX 2.

(2)

I will be the agent of and be responsible for any materials provided by the Board to \_\_\_\_\_ which pertains to its mandatory continuing education and if applicable, professional development requirements.  
CHECK THIS BOX PRIOR TO MOVING TO BOX 3.

(3)

On behalf of \_\_\_\_\_, I undertake responsibility for the security of any materials provided by the Board to me, as agent, which pertain to its mandatory continuing education and if applicable, professional development requirements.  
CHECK THIS BOX PRIOR TO MOVING TO BOX 4.

(4)

In addition to the aforementioned, I will be the agent for any Board-provided certificates and data files on behalf of \_\_\_\_\_, I, \_\_\_\_\_ and if applicable to the entity, \_\_\_\_\_, attest under the pains and penalties of perjury, that no certificates, data files, or other Board-provided materials will be issued to any licensee of the Board who has not completed the mandatory continuing education, and if applicable, professional development requirements as provided in Title 260-RICR-30-15-9  
CHECK THIS BOX PRIOR TO MOVING TO BOX 5.

(5)

I fully understand that any misuse of the certificates, data files or other Board provided materials by myself or my designee, actual or implied, shall be grounds for the Board to initiate formal adjudicatory proceedings which may result in the suspension or revocation of any license issued and rights and privileges associated with this license and as a provider, instructor or designee of the continuing education program to me by said Board.  
CHECK THIS BOX PRIOR TO MOVING TO BOX 6.

(6)

This Agreement is freely and voluntarily entered into by \_\_\_\_\_ on behalf of \_\_\_\_\_ and the State of Rhode Island Board of Examiners for Plumbers on this the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

Provider Pin Number \_\_\_\_\_ Security Access Number \_\_\_\_\_

Signature of Agent \_\_\_\_\_

**NOTE: The Provider must maintain General Liability insurance in the amount of \$500,000.00, and Workers' Compensation Insurance in an amount sufficient to meet the requirements set forth in R.I. Gen. Laws § 28-29-1 et seq., as determined by the Director of the Rhode Island Department of Labor and Training.**