

**The South Carolina Advisory Committee on Educational Requirements for Local  
Government Planning or Zoning Officials and Employees**  
(SC Planning Education Advisory Committee--SCPEAC)

**Request for Program Certification**

The SC Planning Education Advisory Committee (SCPEAC), established pursuant to Section 6-29-1310 (et. Seq.) South Carolina Code of Laws, seeks proposals by providers of educational programs and/or courses to be reviewed and considered for certification by the Advisory Committee.

Title 6, Chapter 29, South Carolina Local Government Comprehensive Planning Enabling Act Of 1994, Article 9 requires a minimum 6-credit orientation program and minimum 3 credits of continuing education (CE) annually for those who are not exempt pursuant to Section 6-29-1350. Appointed officials (planning commissioners, board of zoning appeals members, or board of architectural review members) and professional employees (planning professionals, zoning administrator or official, or a deputy or assistant to the above) are required to comply with the educational provisions—with compliance for municipalities and counties above 35,000 population by January 1, 2006 and below 35,000 by January 1, 2007. See Section 6-29-1310 (et. Seq.) for further details.

Technology offers opportunities to enhance traditional learning models by increasing access to educational opportunities for officials or employees. Educational proposals from an array of providers and through different formats will be considered, dependent upon quality control provisions. All formats must include “faculty” presentations or professional planners as discussant leaders; no self-educational methods will be authorized at this time.

Credit Hours are based on actual minutes of education including reasonable question and answer periods during the class.

Note: Introductory remarks, business meetings, breaks, receptions, luncheons, etc. are not to be included in the computation of credit.

**ALL PROPOSALS WILL BE REVIEWED BY THE ADVISORY COMMITTEE AND APPLICANTS WILL BE INFORMED OF THE ACTION TAKEN WITHIN 30 DAYS OF RECEIPT BY THE SCPEAC CHAIRMAN.**

**This RFP covers the array of application forms for:**

- Appendix A--Uniform Application for Orientation Program Proposals
- Appendix B--Uniform Application for Approved Sponsors of Continuing Education
- Appendix C--Uniform Application For Accreditation of Continuing Education Course(s)
- Appendix D--Uniform Certificate of Attendance (suggested model)

## **ORIENTATION PROGRAM PROPOSALS**

Proposals will be taken separately for the Orientation and Continuing Education programs. The SCPEAC allows for more flexibility with respect to various proposals for continuing education. Pursuant to its responsibilities to compile and distribute a list of approved orientation programs/courses, the Committee has established minimal requirements for applicants to provide orientation programs. While the Committee will accept individual proposals for modules within the orientation program, the Committee will give priority to those sponsors submitting a complete orientation program proposal.

A 6-credit orientation program should cover at least the following topics:

- Overview of the Comprehensive Planning Act
- Description of Zoning and Land Development Regulations
- Description of Related Regulations such as Capital Improvements Programs, Development Agreements, Design Regulations
- Description of the roles and responsibilities of the Council, Planning Commission, Zoning Officer, Boards of Zoning Appeals and Architectural Review, and Appellate Processes—concepts of legislative, administrative, and quasi-judicial functions
- Legal Issues for Planning and Zoning
- Freedom of Information, Conflicts of Interest Provisions, Section 1983 Liability, and related Ethics

See [Appendix A](#) for the Uniform Application for Orientation Program Proposals.

## **APPROVED SPONSORS OF CONTINUING EDUCATION**

The Committee has determined that conferences or training sessions of the SC. Chapter of the American Planning Association meet the requirements for Continuing Education and are approved as a sponsor. Programs provided by Planning Accreditation Board (PAB)-accredited planning schools are also approved as sponsors by the SCPEAC. In the region, those include Clemson University, Georgia Tech, University of North Carolina-Chapel Hill, University of Florida, Florida State, among approximately 65 other accredited schools. See the list of PAB approved planning schools at [http://showcase.netins.net/web/pab\\_fi66/](http://showcase.netins.net/web/pab_fi66/) (go to documents, accredited schools).

Any organization or entity may apply to the SCPEAC for designation as an approved sponsor of on-going educational programs, provided that all their courses are related to planning and zoning issues. Organizations which occasionally provide courses pertaining to any legitimate direct planning and zoning function(s) should have an application for each course to be approved for continuing education credit—see Appendix C.

An approved sponsor must:

- Develop and implement methods to evaluate its course offerings to determine their effectiveness and how they meet the needs of planning and zoning officials and staff.
- Submit information concerning the course or activity within 30 days of its presentation including the brochure description, description of presentation method and types of

materials; upon request, submit complete course materials. Submit to the Chairman of the SCPEAC:

Mr. Steve Riley, AICP  
SCPEAC Chairman  
Town Manager  
One Town Center Court  
Hilton Head Island, SC 29928

- Identify the instructor(s) and brief background description; upon request, provide resume(s).
- Submit to all reasonable requests and abide by all regulations promulgated by the SCPEAC and Article 9.

The Committee has the authority to audit and review programs.

See [Appendix B](#) -- Uniform Application for Approved Sponsors of Continuing Education.

#### **ACCREDITATION OF CONTINUING EDUCATION COURSE(S)**

Article 9 requires a minimum of 3 credits of continuing education on a variety of subjects as listed in Section 6-29-1340, Subsection (C). Individual courses/activities need to be approved by the SCPEAC including the provision of an Approved Course Number.

See [Appendix C](#) -- Uniform Application for Accreditation of Continuing Education Course

#### **MODEL FOR A UNIFORM CERTIFICATE OF ATTENDANCE FOR ORIENTATION PROGRAM AND CONTINUING EDUCATION**

We have provided Appendix D--Model For A Uniform Certificate of Attendance For the Orientation Program and Continuing Education. This is a suggested model to document attendance at the Orientation Program and Continuing Education activities for providers to give to attendees as a form of documentation. This is not a requirement but a suggested model.

See [Appendix D](#) -- Uniform Certificate of Attendance

**Questions pertaining to any of these applications or general information should be directed to:**

Mr. Steve Riley, AICP  
SCPEAC Chairman  
Town Manager  
One Town Center Court  
Hilton Head Island, SC 29928  
**SteveR@hiltonheadislandsc.gov**  
**843-341-4700**

**APPENDIX A**

***SC Planning Education Advisory Committee (SCPEAC)***

Mr. Steve Riley, AICP  
SCPEAC Chairman  
Town Manager  
One Town Center Court  
Hilton Head Island, SC 29928  
**SteveR@hiltonheadislandsc.gov**  
**843-341-4700**

**UNIFORM APPLICATION FOR ORIENTATION PROGRAM or  
ORIENTATION COURSE PROPOSALS**

1) Name & address of organization providing or sponsoring the orientation program/course OR name of an individual applicant, unaffiliated with an organization:

- a)  Sponsor  Individual
- b)  6-credit program  Orientation Course

c) Sponsor's/Organization's or Individual Applicant's  
Name: \_\_\_\_\_

d) Street Address:  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

e) Contact Person, if sponsor \_\_\_\_\_

f) Telephone (\_\_\_\_\_) \_\_\_\_\_

g) Fax Number (\_\_\_\_\_) \_\_\_\_\_

h) Email Address: \_\_\_\_\_

2) Title of program or class: \_\_\_\_\_  
\_\_\_\_\_

3) Date(s) and location(s):  
\_\_\_\_\_  
\_\_\_\_\_

4) Writing surface available?  Yes  No

5) Method(s) of presentation (check those that apply—all sessions must have live direction by faculty or professional planning discussant):

- a)  faculty in room with participants
- b)  satellite/microwave, discussion leader present
- c)  videotape presentation, discussion leader present
- d)  Other (describe): \_\_\_\_\_

6) Method of Advertisement: \_\_\_\_\_  
\_\_\_\_\_

7) Description of materials to be distributed (check/fill all that apply):

- a) Powerpoint handout \_\_\_\_\_; number of slides \_\_\_\_\_
- b) Other Handouts \_\_\_\_\_; Total pages \_\_\_\_\_
- c) Videotape \_\_\_\_\_
- d) None \_\_\_\_\_
- e) Other (describe) \_\_\_\_\_

8) When are materials distributed (check)?

- a)  Sent before program
- b)  Handed out at program
- c)  Other: \_\_\_\_\_

**9) REQUIRED ATTACHMENTS to this application (6 copies distributed as described below):**

- a) Program or Course description and outline including estimated time per section
- b) Total credits (minutes/hours) of instruction including Q and A, as applicable
- c) Brochure, if available
- d) Faculty name(s) and credentials (include brief resume(s) of faculty)
- e) Powerpoint handout/complete set of materials to be distributed
- f) Evaluation Form and method of evaluation (each class must be evaluated)

10) Total MINUTES of instruction, not including breaks, meals or introductions; reasonable period for Q and A is counted : \_\_\_\_\_

11) Applicant Representative or Individual

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

12) Date: \_\_\_\_\_

**SUBMIT 6 COPIES OF ALL MATERIALS AS FOLLOWS:**

**2 Copies and 1 Self-Addressed, Stamped Envelope for Mailing the Notice of Decision to:**

Mr. Steve Riley, AICP  
SCPEAC Chairman  
Town Manager

One Town Center Court  
Hilton Head Island, SC 29928

**1 Copy Each to:**

Mr. Dennis Lambries  
Research Associate  
Survey Research Laboratory  
Institute for Public Service and Policy Research  
University of South Carolina  
Columbia SC 29208

Mr. Christopher S. Karres  
Planning Director  
Lancaster County, SC  
P.O. Box 1809  
Lancaster, SC 29721

Ms. Donna London  
Strom Thurmond Institute  
Silas Pearman Boulevard  
Clemson University  
Clemson, SC 29634-0125

Barry Nocks, Ph.D., AICP  
143 Lee Hall  
Department of Planning & Landscape Architecture  
College of Architecture, Arts & Humanities  
Clemson University  
Clemson, SC 29634-0511

NOTE: THE COMMITTEE HAS AGREED TO NOT REQUIRE AN APPLICATION FEE AT THIS TIME, ASSUMING THAT SUBMITTALS ARE PROVIDED AS REQUIRED AND COSTS OF NOTIFICATION REMAIN LIMITED.

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**NOTICE OF DECISION**  
**(To be completed by the SCPEAC and returned to the applicant.)**

13) The following action has been taken by the SCPEAC on this application:

a) \_\_\_\_\_ PROGRAM APPROVED for \_\_\_\_\_ CE credits.

b) \_\_\_\_\_ COURSE(S) APPROVED for \_\_\_\_\_ CE credits.

c) \_\_\_\_\_ ACCREDITATION DENIED.

i) Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) \_\_\_\_\_ RETURNED for more information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14) If Approved, Authorized Program or Course No. \_\_\_\_\_

a) Date of Approval: \_\_\_\_\_

b) Certification is Valid  
Until: \_\_\_\_\_

Signature of SCPEAC Representative: \_\_\_\_\_

**For Further Information, Contact Mr. Steve Riley, Chairman, 843-341-4700 or  
SteveR@hiltonheadislandsc.gov**

**APPENDIX B**

***SC Planning Education Advisory Committee (SCPEAC)***

Mr. Steve Riley, AICP  
SCPEAC Chairman  
Town Manager  
One Town Center Court  
Hilton Head Island, SC 29928  
**SteveR@hiltonheadislandsc.gov**  
**843-341-4700**

**UNIFORM APPLICATION FOR STATUS AS APPROVED SPONSOR OF  
PLANNING & ZONING CONTINUING EDUCATION ACTIVITIES**

- 1) Name of CE Sponsor: \_\_\_\_\_
- 2) Name of Contact Person: \_\_\_\_\_
- 3) Telephone: Office ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_
- 4) Email Address: \_\_\_\_\_
- 5) Street Address: \_\_\_\_\_
- 6) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- 7) How long have you been sponsoring planning and zoning CE activities? \_\_\_\_\_
- 8) In what other states have you been approved or active, if any? \_\_\_\_\_
- 9) Approximately how many CE activities do you conduct annually including approximate number of credit hours  
\_\_\_\_\_  
\_\_\_\_\_
- 10) Attach to this application course outlines or brochures describing the content, identifying and showing the professional qualifications of the instructors, listing the times devoted to substantive topics and showing the dates and locations of the last 2 CE programs which you sponsored in the last two years. Prior conference brochures identifying the above shall suffice.
- 11) If typically teach specific courses rather than general broad range conferences, please submit a copy of the materials distributed to attendees at the last two CE activities.
- 12) Provide at least one example of an evaluation form used in the last two years, or prepare a generic evaluation form that you propose to use for review by the committee.
- 13) By submitting this application, the Sponsor agrees to:

- a) Allow in-person observation, without charge, of all CE activities by members of the Committee. Any food or travel costs will be the responsibility of the Committee member(s).
- b) The sponsor acknowledges that its “approved sponsor” status may be withdrawn for violations of the regulations or failure to comply with the agreements and representations contained herein and that may be required by the Committee.

Date: \_\_\_\_\_ CE Sponsor: \_\_\_\_\_

By (Signature): \_\_\_\_\_ Title: \_\_\_\_\_

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Mr. Steve Riley, AICP  
 SCPEAC Chairman  
 Town Manager  
 One Town Center Court  
 Hilton Head Island, SC 29928

**1 Copy Each to:**

Mr. Dennis Lambries  
 Research Associate  
 Survey Research Laboratory  
 Institute for Public Service and Policy Research  
 University of South Carolina  
 Columbia SC 29208

Mr. Christopher S. Karres  
 Planning Director  
 Lancaster County, SC  
 P.O. Box 1809  
 Lancaster, SC 29721

Ms. Donna London  
 Strom Thurmond Institute  
 Silas Pearman Boulevard  
 Clemson University  
 Clemson, SC 29634-0125

Barry Nocks, Ph.D., AICP  
 143 Lee Hall  
 Department of Planning & Landscape Architecture  
 College of Architecture, Arts & Humanities  
 Clemson University  
 Clemson, SC 29634-0511

NOTE: THE COMMITTEE HAS AGREED TO NOT REQUIRE AN APPLICATION FEE AT THIS TIME, ASSUMING THAT SUBMITTALS ARE PROVIDED AS REQUIRED AND COSTS OF NOTIFICATION REMAIN LIMITED.

---

**NOTICE OF DECISION**  
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15) The following action has been taken by the SCPEAC on this application:

- a) \_\_\_\_\_ APPROVED AS A SPONSOR.
- b) \_\_\_\_\_ ACCREDITATION AS A SPONSOR DENIED.
  - i) Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c) \_\_\_\_\_ RETURNED for more information.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16) If Approved:

- a) Date of Approval: \_\_\_\_\_
- b) Certification is Valid Until: \_\_\_\_\_

Signature of SCPEAC Representative: \_\_\_\_\_

**For Further Information, Contact Mr. Steve Riley, Chairman, 843-341-4700 or  
SteveR@hiltonheadislandsc.gov**

**APPENDIX C**

***SC Planning Education Advisory Committee (SCPEAC)***

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SCPEAC Chairman  
Town Manager  
One Town Center Court  
Hilton Head Island, SC 29928  
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**843-341-4700**

**UNIFORM APPLICATION FOR ACCREDITATION OF  
CONTINUING EDUCATION COURSE**

1) Name & address of organization providing or sponsoring the course OR name of an individual applicant, unaffiliated with an organization:

a) \_\_\_ Sponsor \_\_\_ Individual

b) Sponsor's/Organization's or Individual Applicant's  
Name: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

c) Contact Person, if  
sponsor \_\_\_\_\_

d) Telephone (\_\_\_\_\_) \_\_\_\_\_

e) Fax Number (\_\_\_\_\_) \_\_\_\_\_

f) Email Address: \_\_\_\_\_

2) Title of educational  
activity: \_\_\_\_\_

3) Date(s) and location(s): \_\_\_\_\_

- 
- 4) Writing surface available? \_\_\_ Yes \_\_\_ No
- 5) Method(s) of presentation (check those that apply—all sessions must have live direction by faculty or professional planning discussant):
- a) \_\_\_ faculty in room with participants
  - b) \_\_\_ satellite/microwave, discussion leader present
  - c) \_\_\_ videotape presentation, discussion leader present
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- 
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  - b) Other Handouts \_\_\_\_\_
    - i) Total pages \_\_\_\_\_
  - c) Videotape \_\_\_\_\_
  - d) None \_\_\_\_\_
  - e) Other (describe) \_\_\_\_\_
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  - b) Total credits (minutes/hours) of instruction including Q and A, as applicable
  - c) Brochure, if available
  - d) Faculty name(s) and credentials (include brief resume(s) of faculty)
  - e) Powerpoint handout/complete set of materials to be distributed
  - f) Evaluation Form and method of evaluation (each class must be evaluated)
- 10) Total MINUTES of instruction, not including breaks, meals or introductions; reasonable period for Q and A is counted : \_\_\_\_\_
- 11) Applicant Representative or Individual
- Print Name: \_\_\_\_\_
- Signature: \_\_\_\_\_
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**NOTICE OF DECISION**  
**(To be completed by the SCPEAC and returned to the applicant.)**

13) The following action has been taken by the SCPEAC on this application:

a) \_\_\_\_\_ APPROVED for \_\_\_\_\_ CE credits.

b) \_\_\_\_\_ ACCREDITATION DENIED.

i) Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) \_\_\_\_\_ RETURNED for more information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14) If Approved, Authorized Course No. \_\_\_\_\_

a) Date of Approval: \_\_\_\_\_

b) Certification is Valid Until: \_\_\_\_\_

Signature of SCPEAC Representative: \_\_\_\_\_

**For Further Information, Contact Mr. Steve Riley, Chairman, 843-341-4700 or  
SteveR@hiltonheadislandsc.gov**

**APPENDIX D**

**SUGGESTED MODEL**

*SC Planning Education Advisory Committee (SCPEAC)*

**UNIFORM CERTIFICATE OF ATTENDANCE FOR ORIENTATION PROGRAM AND  
CONTINUING EDUCATION (CE)**

**Sponsor:** \_\_\_\_\_

**Activity Title:** \_\_\_\_\_

**Date of Attendance:** \_\_\_\_\_

**Location:** \_\_\_\_\_  
City State

**Authorized Orientation Program or Course Number:** \_\_\_\_\_  
(as established by the Advisory Council)

**This program has a total of:**  
\_\_\_\_\_ CE credit hours (based on a 60-minute hour)

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**TO BE COMPLETED BY ATTENDING OFFICIAL OR EMPLOYEE**

**By signing below, I certify that I attended the activity describe above and am entitled to claim:**

\_\_\_\_\_ **Orientation Program Hours**

\_\_\_\_\_ **CE Credit hours**

**I am also certifying that I attended the session with faculty and/or a professional planner as a discussant in person.**

\_\_\_\_\_  
**NAME OF APPOINTED OFFICIAL or EMPLOYEE (please print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**NAME OF COMMISSION or EMPLOYEE POSITION**

\_\_\_\_\_  
**Date**