



Application for Accreditation of a Continuing Education Program or as a Sponsor Organization

NOTE: This certification form, together with the required information referenced therein, shall be submitted to the South Carolina Planning Education Advisory Committee (SCPEAC). Applications are due no later than at least 30 days prior to the first scheduled presentation of a program or class. Once submitted, as the applicant, if you have not been contacted within 5 business days of a submittal, you should reach out with an email or phone call to scpeac@masc.sc or to 803.354.4754 for application status. Approvals are generally granted within 24 to 48 hours. If no objections are raised by a member of the SCPEAC within 10 business days of receipt, the program shall be considered accepted. If an objection is raised, a teleconference meeting shall be scheduled with appropriate public notice, as soon as reasonably possible, to review the application. The Committee will consider extenuating circumstances where the 30-day deadline cannot be met. The primary applicant or staff member organizing the training must meet the minimal educational requirements of at least an undergrad degree, plus 5 years experience in the planning field.

Reason for Application

Choose one:

Request as a Local Official for Continuing Education Program Approval Request as an Organization for Accreditation of a Continuing Education Training Request as an Organization to be an Approved Sponsor of Continuing Education Programs

Applicant Information

*The primary applicant or staff member submitting the training for approval must meet the minimal educational requirements of at least **an undergrad degree, plus 5 years experience in the planning field**. The submitting applicant certifies the proposed Continuing Education Program meets the educational requirements in Section 6-29-1340 of the South Carolina Code of Laws and that the proposed presenter is qualified to give the presentation.*

Name

Emily
First

Pigott
Last

Municipality/County/Organization

South Carolina

Position

Planner II

Phone

(843) 202-7225

Email

epigott@charlestoncounty.org

If you are a COG Director, indicate which jurisdiction the certification is being requested for:**Applicant Resume/Vita**

Resume 2025.pdf

Information About Organization Providing the Training

Organization Name

Charleston County Zoning & Planning

Organization Address

4045 Bridge View Drive

Address Line 1

Address Line 2

North Charleston

City

South Carolina

State

29405

Zip Code

Organization Phone

(843) 202-7200

Organization Website<https://www.charlestoncounty.gov/departments/zoning-planning/>**Name of Training Contact**

Emily Pigott

Title of Training Contact

Planner II

Training Contact's Phone

(843) 202-7225

Training Contact's Email

epigott@charlestoncounty.org

Training Program Information

Title of Planned Training or Program

Driving Tour of James Island: Charleston County Historic Districts and National Register Historic Properties/Districts

Date of Training

3/30/2026

Length of Training Session (i.e. 60 minutes, 90 minutes, 3-hours, etc.)

3 hours

Training Location

James Island, Charleston County (Driving Tour)

Brief description of the Training or Program and its relevant content:

The James Island Historic District tour will allow Commissioners to explore three historic districts and two historic properties, with staff noting important historic landmarks, vernacular architecture, new construction, and projects recently approved by the HPC. The history of each community will be told throughout the tour. (see attached under brochure for more details)

Method of presentation (in-person; virtual; or other):

In-Person Driving Tour

When will materials be distributed (before or at the time of the program):

At time of program

Description of materials to be distributed:

Commissioners will be provided with a guidebook featuring maps and historic photos, articles, and other documentation to supplement what will be shown on the driving tour

Method of Advertisement (Describe how you plan to notify local officials of the program):

Email and notice during Commission meetings

Additional Comments

We will have three different dates available: 3/30, 4/1, and 4/3 - this is to avoid a quorum of Historic Preservation Commissioners

Required Attachments

Brochure, if available:

James Island Historic District Tour SCPEAC.pdf

Course Presenter(s) and credentials (include brief resumes and qualifications, combine into one .pdf document):

Resumes_EP_ME.pdf

Copies of all handouts and course materials (combine into one .pdf document). If the course materials is a video/webinar recording include an informational sheet with video summary, links to the host site of the video, etc.:

James Island Guidebook.pdf

Evaluation Form and method of evaluation (each program must be evaluated, combine into one .pdf document):

Training Eval Form.pdf

Certification. By submitting this application, the applicant agrees to:

1. Allow in-person observation, without charge, of the Program by the SCPEAC Committee members. Any food, travel, or lodging costs will be the responsibility of the Committee member.

2. The applicant acknowledges that its approval for this Program may be withdrawn for violations of the regulations or failure to comply with the agreements and representations contained herein and as may be required by the SCPEAC.

Beaches 101 Training Course Evaluation Form

Participant Name: _____

Date: _____

Section	Evaluation	Comments
Course Content		
Coastal processes	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Shoreline erosion	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Restoration techniques	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Sustainable beach management practices	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

| Instruction Quality | | | Classroom instruction | Excellent Good Fair Poor | | |
 Hands-on fieldwork | Excellent Good Fair Poor | |

| Practical Application | | | Practical knowledge relevant to real-world coastal challenges |
 Yes Somewhat No | | | Confidence in assessing, maintaining, and enhancing beach
 environments | Very confident Confident Somewhat confident Not confident | |

| Overall Experience | | | Most valuable aspect of the course | | | Suggestions for
 improvement | | | Would you recommend this course to others? | Yes No | |

| Additional Feedback | | |