RENEWAL OF CONTINUING EDUCATION COURSE APPROVAL

ADMINISTRATOR CERTIFICATION PROGRAM

Instructions: *To renew an approved course, vendors must submit this completed form, along with their vendor renewal application (LIC 9141) to CDSS, ACS, 744 "P" Street, MS 9-14-47, Sacramento, CA 95814, at least 60 days in advance of the course expiration. Submit a separate application for each program type (ARF, GH, RCFE), and copy the form as needed to list all the courses proposed for renewal. Note that if a course's content is being modified, do not include it on this form; use form LIC 9140.*

(1) **Type of Program and Vendorship**: *(Select one box.)* ☐ ARF CEU (735-2) ☐ GH CEU (730-2) ☐ RCFE CEU (740-2) ☐ STRTP (733-2)

(2)**Vendor Information**: *(Please print.)* Vendor Number: _____

Organization/Vendor Business Name:_____

Authorized Representative/Contact Person *(Name)*: _____

Business Phone Number: _____ Fax:_____ E-mail: _____

(3) **Course Information:** *(Please print course names and numbers in columns (A) and (B).)*

FOR ACS USE ONLY			FOR VENDOR USE	
DISAPPROVAL DATE	EFFECTIVE DATE OF APPROVAL	NEW EXPIRATION DATE	(A) COURSE NAME(S) AS CURRENTLY APPROVED	(B) COURSE NUMBER(S) (xxx-xxxx-xxxxx)

(4) **Vendor Certification**: We are requesting to renew and continue offering the currently-approved courses listed above. We assure that the course content, classroom hours, and instructor(s) are the same as currently approved, and that the content is still current and accurate. Should any changes in the course content, instructor(s) or hours occur, we will submit a new course approval form to the ACS for approval prior to conducting the revised course. Schedules and rosters will be submitted as required by CDSS.

I declare that the foregoing information is true and correct to the best of my knowledge.

Signature of Vendor/Authorized Representative	Printed Name of Vendor/Authorized Representative
Title	Date

DO NOT WRITE BELOW THIS LINE

Reviewed by	Date