REQUEST FOR COURSE APPROVAL

ADMINISTRATOR CERTIFICATION PROGRAM

INSTRUCTIONS: *At least 60 days before the planned offering of an ICTP or CEU course for facility administrators, vendors must submit this completed application to CDSS, ACS, 744 "P" Street, MS 9-17-47, Sacramento, CA 95814. Submit a separate application for each course.*

(1) **Type of Program and Vendorship:** (Select one box.)

☐ STRTP ICTP (725-1) ☐ ARF ICTP (735-1) ☐ GH ICTP (730-1) ☐ RCFE ICTP (740-1 ☐ ARF CEU (735-2) ☐ GH CEU (730-2) ☐ RCFE CEU (740-2) ☐ STRTP CEU (733-2)

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

Organization/Vendor Business Name:_____

Address *(Street Address, City, State, Zip)*: _____

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

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

(3) **Course Information:** *(Please print.)* Course Number *(if updating a previously approved one)*: _____

Proposed Course Title: _____

Total Classroom Hours: _____ Date(s) to be Offered *(if known)*: _____ Fee:_____

For CEU courses: Format: *(Check one box.)* ☐ Classroom ☐ Conference ☐ Online ☐ Webinar

Core of Knowledge category(ies): _____

If online course or Webinar provide the necessary log-on information for course review: _____

Is this course proposed for co-location with another CEU course? ☐ YES ☐ NO
If yes, list the other course number, if already approved _____ or check ☐ that other course application included.

For RCFE ICTPs: Format(s) of 20 hour section ☐ Classroom ☐ Online ☐ Other_____

(4) **Proposed Course Outline:** *(Attach a document including the following information.)*

☐ **Instructor(s) Qualifications:** Include a current resume of work experience, and complete Sections 6 – 10 on page 2 of this form for each proposed instructor. Instructors must have knowledge and/or experience in the subject area to be taught per one of the following criteria *(check applicable one(s))*:

- ☐ Possession of a bachelor's or higher degree and 2 years' experience relevant to the course to be taught, or
- ☐ Four years' experience relevant to the course to be taught, or
- ☐ Be a professional, in a related field, with a valid current license to practice in California, and 2 years' related experience, or
- ☐ Have at least 4 years' experience in California as an administrator of a facility in substantial compliance, within the last 6 years, and verifiable training in the subject to be taught.

☐ **Description of Course:** Briefly summarize the course including how it relates to the business operations and/or the care of residents in the facility.

☐ **Objective(s) of Course:** Identify what the student is expected to know upon completion of this course.

☐ **Teaching Methods:** Explain the types of teaching methods to be used.

☐ **Course Content:** Outline the course content with hour-by-hour detail, and including the proposed instructor for each segment.

☐ **Method of Course Evaluation by Participants:** Explain how participants will evaluate the course. Attach copy of proposed form if available.

☐ **Method of Evaluating Participants:** Explain how you will evaluate the participants. Attach copy of proposed post-test if applicable.

☐ **Method of Verifying Active Student Participation for Course Duration *(for online courses only)*.**

☐ **Types of Records to be Maintained and Address Where Records are Maintained.**

☐ **Address and/or Locality(ies) Where the Course Will Be Presented.**

☐ **Make Up Policy (for ICTPs only).**

(5) **Vendor Certification:** 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

Application has been ☐ approved OR ☐ disapproved by:	Date:
Approved Course Number	Expiration Date:

Name of Proposed Instructor:	Social Security Number:*

(6) Does the individual currently hold or previously held a license, certification or other approval as a professional in a specified field *(e.g., RN, NHA)*? If yes, please list the type(s) of license(s) or certificate(s) and their number(s). *(Include any Administrator Certificates.)* ☐ YES ☐ NO

(7) Does the individual currently hold or previously held a State-issued care facility license? If yes, please list the type of license(s) and license number(s). *(Include any community care facility licenses.)* ☐ YES ☐ NO

(8) Is the individual currently employed or previously employed by a State-licensed care facility? If yes, please list the facility name(s) and license number(s). *(Place an * by those where currently employed.)* ☐ YES ☐ NO

(9) Has the individual been the subject of any legal, administrative, or other action involving licensure, certification or other approvals as specified in (6), (7), and (8) above? If yes, please explain and provide the date(s). *(Include any Administrative Actions. Attach additional pages if more space is needed.)* ☐ YES ☐ NO

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

Signature	Date

Name of Proposed Instructor:	Social Security Number:*

(6) Does the individual currently hold or previously held a license, certification or other approval as a professional in a specified field *(e.g., RN, NHA)*? If yes, please list the type(s) of license(s) or certificate(s) and their number(s). *(Include any Administrator Certificates.)* ☐ YES ☐ NO

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Signature	Date

* Optional but requested for CDSS use only to assist in verifying identity and licensing affiliations. Federal law (at Title 5 United States Code Section 552a Note) states that: Any federal, state, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.