

NOTICE OF FORM CHANGE NO. 05-030

DATE

02/09/2005

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE LIC 9139 - Renewal of Continuing Education Course Approval

ORDER UNIT MASTER ONLY	<input type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 2/05	REPLACES 2/01	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 2/05

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

RENEWAL OF CONTINUING EDUCATION COURSE APPROVAL

ADMINISTRATOR CERTIFICATION PROGRAM

1. This form must be submitted with the LIC 9141, as all approved courses will expire on the expiration date of your vendorship.
2. In box (1) select course program type you are submitting. If more than one program, submit separate forms for each.
3. In box (2) print or type your vendor name exactly as approved.
4. In box (3) enter the vendor number exactly as approved.
5. In box (4) and (5) enter the course name and course number(s) exactly as previously approved.
6. Boxes 1-10 must be completed in full, or the form and application will be returned as incomplete.

(1) COURSE PROGRAM TYPE: (✓ CHECK ONE BOX): <input type="checkbox"/> RCFE CEU <input type="checkbox"/> ARF CEU <input type="checkbox"/> GH CEU	(2) VENDOR NAME EXACTLY AS ORIGINALLY APPROVED:	(3) VENDOR APPROVAL NUMBER:
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(11) FOR ACS' USE ONLY			COMPLETE THESE COLUMNS	
DISAPPROVED DATE	EFFECTIVE DATE OF APPROVAL	NEW EXPIRATION DATE	(4) COURSE NAME(S) EXACTLY AS ORIGINALLY APPROVED	(5) COURSE NUMBER(S) EXACTLY AS ORIGINALLY APPROVED

The above listed courses will expire with our vendorship. We are requesting to renew our previously approved courses and wish to continue offering these courses. We assure that the course content, the instructor(s) and the number of hours remain identical as originally approved. Should any changes in the course content, instructor(s) or hours occur, we will submit a new course approval form to the Administrator Certification Section prior to conducting the revised course. Notice of dates, times and locations will be submitted on an on-going basis.

(6) I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

(7) AUTHORIZED VENDOR:	(8) SIGNATURE OF VENDOR/AUTHORIZED REPRESENTATIVE	(9) TITLE	(10) DATE
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DO NOT WRITE BELOW THIS LINE

REVIEWED BY:	DATE:
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