

NOTICE OF FORM CHANGE NO. 04-212

DATE

07/23/2004

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 9140 (7/04) - Request for Course Approval

ORDER UNIT MASTER ONLY	<input checked="" 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 7/04	REPLACES 3/04	<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 7/04

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.

NAME OF INSTRUCTOR		SOCIAL SECURITY NUMBER *	
(10) Does the instructor currently possess or has previously held a license, certification or other approval as a professional in a specified field? If yes, please indicate the type of license(s) or certificate(s) and number(s).		<input type="checkbox"/> YES	<input type="checkbox"/> NO
(11) Has the instructor held or currently holds a government-issued facility license to operate and provide services to individuals? If yes, please indicate the type of license(s) and license number(s).		<input type="checkbox"/> YES	<input type="checkbox"/> NO
(12) Is the instructor currently employed or was previously employed by a community care facility? If yes, please indicate the facility name(s) and license number(s).		<input type="checkbox"/> YES	<input type="checkbox"/> NO
(13) Has the instructor been the subject of any administrative, legal or other action involving licensure, certification, or other approvals as specified in (10), (11), and (12) above? If yes, please explain and provide dates. If additional space is needed, please attach to this application.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
I declare under penalty of perjury that the foregoing information is true.			
SIGNATURE		DATE	

NAME OF INSTRUCTOR		SOCIAL SECURITY NUMBER *	
(10) Does the instructor currently possess or has previously held a license, certification or other approval as a professional in a specified field? If yes, please indicate the type of license(s) or certificate(s) and number(s).		<input type="checkbox"/> YES	<input type="checkbox"/> NO
(11) Has the instructor held or currently holds a government-issued facility license to operate and provide services to individuals? If yes, please indicate the type of license(s) and license number(s).		<input type="checkbox"/> YES	<input type="checkbox"/> NO
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* 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.

* Disclosure of Social Security Number(s) is optional.