

NOTICE OF FORM CHANGE NO. 04-230

DATE

08/27/2004

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 9140A (8/04) Request To Add Or Change Instructor

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 checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 8/04	REPLACES	<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 immediately.

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

8-1/2" x 11" one page form.

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.

REQUEST TO ADD OR CHANGE INSTRUCTOR

ADMINISTRATOR CERTIFICATION SECTION

Instructions:

When adding or changing an instructor to a previously approved course, please complete the information below and mail the request to CDSS, ACS, 744 P Street, M.S. 19-47, Sacramento, CA 95814.

Select the appropriate box(es):

- Add an instructor to a previously approved course.
- Change an instructor to a previously approved course.
- Delete an instructor to a previously approved course.

Vendor Number: _____ Vendor Name: _____

Course Approval Number: _____

Course Title: _____

Name of Added Instructor: _____

Name of Deleted Instructor: _____

* Attach the instructor's resume with a copy of the approved request for course approval.

- Your request has been approved.
- Your request has been denied.
- The following additional information on the instructor's resume is needed: _____

Date Approved: _____

Signature of Analyst: _____