

NOTICE OF FORM CHANGE NO. 06-038

DATE

03/10/2006

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 9142A - Roster of Participants - For Vendor Use Only

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 3/06	REPLACES 1/05	<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 3/06

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Master Only on the Internet

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) 651-8876 or by electronic mail at LTS@dss.ca.gov.

ROSTER OF PARTICIPANTS—FOR VENDOR USE ONLY—35/40 HOUR INITIAL OR CEU COURSES ADMINISTRATOR CERTIFICATION PROGRAM

- Provide the information requested below for all participants.
- Mail a copy of this roster within **7 days** of course completion to the Administrator Certification Section at:
744 "P" Street, M.S. 19-47, Sacramento, CA 95814
- Please submit a **separate** roster for each course/program type.
- Complete a separate roster for each day of course instruction.

(1) Course Program Type (Check one box):

- RCFE Initial 40-Hour Course**
 ARF Initial 35-Hour Course
 GH Initial 40-Hour Course
 RCFE CEU
 ARF CEU
 GH CEU

(2) Vendor Name	Instructor(s) Name	(3) Vendor #	(4) Course Date
(5) Course Name	Location of Course	(6) CEU Course #(if applicable)	

Last Name of Participant (Print)	First Name of Participant (Print)	Middle Initial	Time In	Facility Name or Facility License #
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Address	City	Zip Code	Time Out	Phone Number
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Last Name of Participant (Print)	First Name of Participant (Print)	Middle Initial	Time In	Facility Name or Facility License #
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Address	City	Zip Code	Time Out	Phone Number
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Last Name of Participant (Print)	First Name of Participant (Print)	Middle Initial	Time In	Facility Name or Facility License #
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Address	City	Zip Code	Time Out	Phone Number
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Last Name of Participant (Print)	First Name of Participant (Print)	Middle Initial	Time In	Facility Name or Facility License#
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Last Name of Participant (Print)	First Name of Participant (Print)	Middle Initial	Time In	Facility Name or Facility License#
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Address	City	Zip Code	Time Out	Phone Number
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(7) Name of Authorized Representative (Print)	(8) Title of Authorized Representative	(9) Signature of Authorized Representative	(10) Date
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