

VCB EDUCATION APPROVAL APPLICATION

for sponsoring organization

Trainings must be submitted for approval **at least 30 days prior** to the training on an on-going basis or submit all trainings your organization plans to present at one time, providing all the pertinent information as available. The following must be included with this application:

1. Copy of the Evaluation Form to be used.
2. Either a draft of the training flyer or a copy of a letter of invitation to other organizations to attend.
3. On a separate sheet, briefly summarize the training and describe the goals and objectives; include the daily program schedule, or, in the case of a college course, the syllabus.

Your responsibilities once training has been offered are:

You must provide a certificate of attendance to each attendee. The certificate must carry the attendee's name, the exact title of the training listed on application, name of the organization, the date of the training and the total number of hours awarded to each attendee. Do not change the title or date of the training without notifying VCB in writing. You must indicate on the certificate that the total hours awarded for the training are "VCB Approved Hours" (example "6 VCB Approved Hours of Education).

If an attendee must leave the training prior to its completion, his/her certificate of attendance must reflect the exact amount of time actually attended.

You must maintain attendance sheets for 3 years from date of all VCB approved trainings.

Within 10 days of completion of each VCB approved training, submit an attendance list including name and full address to VCB. VCB will randomly select attendees to inquire about the quality of the training.

Your organization may not advertise that a training is "pending VCB approval." Full VCB approval must be received first in order to use this in promotional materials.

Sponsoring Organization: _____

VCB Education Provider Number (if applicable): _____

If you do not have Provider Status, please include \$50 per workshop.

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Person: _____ **Phone:** _____

Email: _____

Title of Training: _____

The title on your certificate of attendance must reflect the exact wording above.

Date of Training: _____ **Location of Training:** _____

Name(s) and Credential(s) of Instructor(s) – attach a brief instructor bio or resume if not previously submitted:

Instructional Methods: _____

i.e. video, audio, etc.

Didactic Presentation Time: _____ **Experiential Presentation Time:** _____ **Total hours:** _____

Exclude breaks, meals, etc.

Non-refundable fee can be paid using Check/Money Order (payable to VCB), Visa, MasterCard or Discover

For credit card users: _____ - _____ - _____ - _____

Expiration Date: _____ **3 digit code:** _____ **Signature:** _____