

VCB PROVIDER STATUS RENEWAL APPLICATION

Provider Status means an organization has entered into an agreement with VCB to offer a certain number of educational trainings. Trainings eligible for VCB approval must be relevant to the field of addiction, using a formal structure and held in the state of Virginia. A predetermined fee is set by VCB for granting approval of these trainings. The Provider pays the fee at the start of the one year agreement period. Each training must be submitted to VCB for review and approval at least 30 days prior to the scheduled training date. VCB reserves the right to approve or deny education based on a full review of content and instruction.

There are many benefits to becoming a Provider with VCB. You will be assured of offering training that all professionals must acquire for recertification and you may advertise that your training is VCB Approved. In addition, your training will be listed free of charge on the VCB website at www.vacertboard.org. Certified professionals look to VCB's Educational Providers as their first choice in selecting training for recertification.

To renew, simply submit the VCB Education Provider Status Agreement form and appropriate fee based on the selected number of trainings.

The **contact person** listed on your VCB Education Provider Status Agreement form is the only person to whom VCB will send approval letters and other information regarding training approval, and is the only person who should submit training approval applications to VCB. If your contact person changes, inform VCB in writing. Prior to the end of the agreement year, you will receive information on renewing your Provider Status. Each training must be submitted with the Education Approval Form.

PROVIDER STATUS RENEWAL AGREEMENT

Provider Status Number: _____ Expiration Date: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Email: _____ Website: _____

I/we agree to adhere to VCB's guidelines and deadlines for submitting trainings to be considered for VCB approval. Failure to do so could result in cancellation of Provider Status with VCB or the denial of education credits submitted for VCB approval. This agreement is effective through one year from date of payment receipt.

Signature: _____ Date: _____

Please select the category which best represents the number of trainings your organization will submit for VCB approval during the one year agreement. It is best to anticipate your training needs for the entire year and select accordingly. This selection will also determine the fee to be paid. If you need to have VCB approve more trainings than were agreed upon, you may do so at a cost of \$65 per training until the agreement year is lapsed.

	Number of Trainings	Fee
<input type="checkbox"/>	1-5	\$100
<input type="checkbox"/>	6-10	\$150
<input type="checkbox"/>	11-15	\$200
<input type="checkbox"/>	16-20	\$250
<input type="checkbox"/>	College/University	\$250
<input type="checkbox"/>	21 & Above – Institute Status	\$300

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

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

3-digit code: _____ Exp. Date: _____ Name on Card: _____

FORM CAN BE EMAILED, MAILED OR FAXED TO:

VCB | 298 S. Progress Avenue | Harrisburg, PA 17109 | p: 804.741.2319 | f: 717.540.4455 |
info@vacertboard.org | www.vacertboard.org