



# **EDUCATION APPROVAL APPLICATION**

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**ORGANIZATION: IN PERSON TRAININGS**

298 S. Progress Avenue, Harrisburg, PA 17109

Phone: 804-741-2319 | Fax: 717-540-4458

[www.vacertboard.org](http://www.vacertboard.org) | [info@vacertboard.org](mailto:info@vacertboard.org)

## EDUCATION APPROVAL FOR IN PERSON TRAININGS

*This application is for organizations seeking approval of trainings per training they offer. Individuals seeking education approval for recertification need to complete the Individual Education Approval Application for Recertification found at [www.vacertboard.org](http://www.vacertboard.org).*

### REQUIREMENTS FOR EACH TRAINING SUBMITTED FOR APPROVAL

1. \$65 per course. (Unless VCB Provider.)
2. CV or Resume of trainer(s) unless they have been previously approved in the last 12 months.
3. Copy of the Evaluation Form.
4. A draft of any marketing material.
5. Summary of the training, goals and objectives and a detailed daily schedule. Colleges and universities must submit the course syllabus.

### REQUIREMENTS FOR THE ORGANIZATION

1. Provide a certificate of attendance to each attendee. The certificate must have 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: "VCB Approved for 6 Hours"). If an attendee must leave the training prior to its completion, their certificate of attendance must reflect the exact amount of time attended.
2. Within 10 days of completion of each VCB approved training, an attendance list including name and email address or full address if there is no email address to VCB must be submitted. VCB may randomly select attendees to inquire about the quality of the training.
3. Your organization may not advertise that a training is "pending VCB approval."
4. You must maintain attendance sheets for three years from training date of all VCB approved trainings.

**VCB RESERVES THE RIGHT TO APPROVE OR DENY EDUCATION BASED ON A FULL REVIEW OF CONTENT AND INSTRUCTION.**

### TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

- **EMAIL:** [info@vacertboard.org](mailto:info@vacertboard.org) *NOTE: Only PDFs are acceptable. VCB does not accept photos of applications.*
- **FAX:** 717-540-4458
- **MAIL:** VCB: 298 S. Progress Avenue | Harrisburg, PA 17109

To confirm receipt of your application, or check on the status, you must email [info@vacertboard.org](mailto:info@vacertboard.org).

## EDUCATION APPROVAL APPLICATION IN PERSON TRAININGS

Form can be completed and saved. You may then print the appropriate pages to submit to VCB.

### TYPE OR PRINT LEGIBLY

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Organization: \_\_\_\_\_

*Please list the Sponsoring Organization or Company Name who is responsible for the training.*

Website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

*Please list the person who will be responsible for submitting trainings to VCB.*

## TRAINING INFORMATION

Title: \_\_\_\_\_

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

Date of Training: \_\_\_\_\_ Location: \_\_\_\_\_ Total Hours: \_\_\_\_\_

*City, State*

*Exclude breaks, meals, etc.*

Name(s) and Credential(s) of Instructor(s): \_\_\_\_\_

\_\_\_\_\_

## PAYMENT INFORMATION: \$65 FEE MUST ACCOMPANY APPLICATION

**PAYMENT (CHECK ONE):**  Check  Money Order  VISA  MasterCard  Discover  American Express

*Checks & Money Orders made payable to VCB*

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sec. Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_

Email address for receipt (*credit card only*): \_\_\_\_\_

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