

## Continuing Education Provider Application

### APPLICATION (Provider approval shall expire two years following the approval date)

**New CE Provider Applications** - Submit a complete application package including one original application with the application fee of \$84.00. Please send a check or money order payable to "BOCE".

**CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with the application fee of \$56.00. Please send a check or money order payable to "BOCE".

### GENERAL INFORMATION

Providers shall identify an individual responsible for overseeing all continuing education activities of the provider.

Providers shall retain records of course completion for four years from the date of course completion, and shall provide a course roster or records of course completion to the board, within 30 days, upon written request. Course rosters shall include the names of all licensees, license numbers, and e-mail addresses, if available. Failure to submit the roster upon written request within 30 days may result in the withdrawal or denial of previous course approval and withdrawal of provider status.

Providers shall maintain course instructor curriculum vitae or resumes for four years.

Pursuant to California Code of Regulations, Section 362(e), the Executive Officer, after notification, may withdraw approval of any continuing education provider for good cause, including, but not limited to, violations of any provision of this regulation or falsification of information and shall provide written notification of such action to the provider.



# CONTINUING EDUCATION PROVIDER APPLICATION

**ALL** questions on this application must be answered. **New CE Provider Applications** - Submit a complete application package including one original application with a check or money order for \$84.00 payable to "BOCE". **CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with a check or money order for \$56.00 payable to "BOCE". Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

Please check the appropriate box:

- New CE Provider Application - \$84**     **CE Provider Biennial Renewal Reapplication - \$56**

Provider's Name:
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Street Address			
City	State	Zip Code	
CE Oversight Contact Person:	Telephone Numbers: Residence: (    ) Business: (    )	Email Address	

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)
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**Provider Status**

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

Office Use Only	
Receipt No. _____	Date cashiered _____

(Rev. 02/10)