

# DCB EDUCATION APPROVAL FORM

**This training is (check one):**  *in person*  *distance learning*

**In person trainings:** must be submitted for approval **at least 30 days prior** to the scheduled 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.

**Distance Learning trainings:** Trainings must be submitted for approval **at least 60 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 for all trainings:**

1. Fee of \$50 per course. (Unless DCB approved education provider.)
2. CV or Resume of Trainer(s). If the trainer has been approved previously during the past 12 months you need not include the CV/Resume.

For **in person trainings** the following must also be submitted:

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.

For in **distance learning trainings** the following must also be submitted:

1. Brief summary of distance learning course.
2. Entire distance learning course or link and access to content.
3. Example of pre and/or posttest for online course with clear description of requirements to pass or fail
4. Brief description of how the hours were determined.

**FOR IN PERSON TRAININGS ONLY:** *Your responsibilities once training has been offered are:*

1. 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 DCB in writing. You must indicate on the certificate that the total hours awarded for the training are "DCB Approved Hours" (example: "DCB Approved for 6 Hours"). *If an attendee must leave the training prior to its completion, his/her certificate of attendance must reflect the exact amount of time attended.*
2. Within 10 days of completion of each DCB approved training an attendance list including name and email address or full address if there is no email address to DCB must be submitted. DCB will randomly select attendees to inquire about the quality of the training.
3. Your organization may not advertise that a training is "pending DCB approval." Full DCB approval must be received first in order to use this in promotional materials.
4. You must maintain attendance sheets for three years from date of all DCB approved trainings.

***DCB reserves the right to approve or deny education based on a full review of content and instruction.***

Sponsoring Organization/Company Name: \_\_\_\_\_

Provider Status Number: \_\_\_\_\_  
*(if applicable)*

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

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Title of Training: \_\_\_\_\_  
***The title on your certificate of attendance must reflect the exact wording above.***

Date of Training: \_\_\_\_\_ Location: \_\_\_\_\_  
*Date and Location is not required to be completed for Distance Learning trainings.* *City, State*

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

Instructional Methods: \_\_\_\_\_  
*i.e. video, audio, etc.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Hours: \_\_\_\_\_  
*Exclude breaks, meals, etc.*

**FEE:**  
Non-refundable fee can be paid using the following:

- No fee included, my sponsoring organization/company is a current DCB Approved Provider
- Check/Money Order (payable to DCB)
- Credit Card (*Visa, MasterCard or Discover*) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3-digit code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
*(If different than listed above)* \_\_\_\_\_

**RETURN FORM AND FEE TO:**

EMAIL:  
[info@decertboard.org](mailto:info@decertboard.org)

FAX:  
717.540.4458

MAIL:  
DCB  
298 S. Progres Avenue  
Harrisburg, PA 17109