



EDUCATION APPROVAL APPLICATION

PROVIDER STATUS: INITIAL & RENEWAL

298 S. Progress Avenue, Harrisburg, PA 17109
Phone: 717-540-4456 | Fax: 717-540-4458
www.decortboard.org | info@decortboard.org

PROVIDER STATUS INFORMATION

DCB has established Provider Status for organizations who wish to obtain DCB approval for educational trainings they offer or sponsor.

BENEFITS OF BEING AN APPROVED EDUCATION PROVIDER

- Assured of offering training that professionals must acquire for recertification
- Organization can market trainings as DCB Approved
- Approved education is listed on the DCB website which is the first place professionals seeking recertification are directed for education.
 - The website is searchable by organization, topic, region, credential, online or in person training and date.
- Approved education is searchable by credential and if it fulfills ethics hours on the website so professionals can easily find hours they need for recertification and initial applications.

REQUIREMENTS FOR THE ORGANIZATION

1. Education eligible for DCB approval must be relevant to the field of behavioral health or community health.
2. Education must use a formal structure.
3. Education must occur in Delaware unless the organization is an online education provider.
4. Each training must be submitted using the Education Approval Form. Note: there are two Education Approval Forms depending on the type of training you are submitting – in person or online.

PROVIDER STATUS AGREEMENT TERMS & CONDITIONS

1. The agreement period is one-year.
2. Trainings cannot carry over into another year if they are not used.
3. A predetermined, non-refundable fee is set by DCB for review of trainings. The fee is paid at the beginning of the agreement.
4. Upon review and approval of the agreement, the organization will receive an assigned DCB Provider Status number which will be used and referred to throughout the one-year agreement period.
5. The organization must establish one contact person who will correspond with DCB. This will be the only person whom DCB will provide information to regarding training approval and is the only person who should submit training approval applications to DCB.
6. Prior to the end of the agreement year, information on renewing your Provider Status will be sent to the contact person.

TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

- **EMAIL:** info@decertboard.org *NOTE: Only PDFs are acceptable. DCB does not accept photos of applications.*
- **FAX:** 717-540-4458
- **MAIL:** DCB: 298 S. Progress Avenue | Harrisburg, PA 17109

To confirm receipt of your application, or check on the status, you must email info@decertboard.org.

PROVIDER STATUS APPLICATION

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

TYPE OR PRINT LEGIBLY

CHECK ONE: Initial Application Renewal Application - Provider Status Number: _____

Name: _____ Email: _____

Organization: _____

Website: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Email: _____

I agree to adhere to DCB's requirements, terms and conditions for Provider Status. Failure to do so could result in cancellation of Provider Status with DCB or the denial of education hours submitted for DCB approval. This agreement is effective for one-year from date of processing and receipt of payment. I understand the contact person above is the only person who is to submit education approval to DCB.

Signature: _____ Date: _____

Select the category for the number of trainings your organization will submit for DCB approval. If you need additional trainings approved, the cost is \$50/training until the end of the agreement year.

	NUMBER OF TRAININGS	FEE
<input type="checkbox"/>	1-5	\$150
<input type="checkbox"/>	6-10	\$225
<input type="checkbox"/>	11-15	\$300
<input type="checkbox"/>	16-20	\$375
<input type="checkbox"/>	College/University	\$375
<input type="checkbox"/>	21 & Above	\$425

PAYMENT INFORMATION: FEE MUST ACCOMPANY APPLICATION

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

Checks & Money Orders made payable to DCB

Number: _____ - _____ - _____ - _____

Sec. Code: _____ Exp. Date: _____ Name on Card: _____

Billing address: _____

Email address for receipt (*credit card only*): _____

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