

DCB PROVIDER STATUS APPLICATION

Provider Status means an organization has entered into an agreement with DCB to offer a certain number of educational trainings. Trainings eligible for DCB approval must be relevant to the field of addiction, using a formal structure and held in the state of Delaware. A predetermined fee is set by DCB 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 DCB for review and approval at least 30 days prior to the scheduled training date. DCB 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 DCB. You will be assured of offering training that all professionals must acquire for recertification and you may advertise that your training is DCB Approved. In addition, your training will be listed free of charge on the DCB website at www.decortboard.org. Certified professionals look to DCB's Educational Providers as their first choice in selecting training for recertification.

To apply, simply submit the DCB Education Provider Status Agreement form and appropriate fee based on the selected number of trainings. Upon review and approval of your agreement, you will receive an assigned DCB Provider Status number which you will use and refer to throughout the one year agreement period.

The **contact person** listed on your DCB Education Provider Status Agreement form is the only person to whom DCB will send approval letters and other information regarding training approval, and is the only person who should submit training approval applications to DCB. If your contact person changes, inform DCB 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 AGREEMENT

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Email: _____ Website: _____

I/we agree to adhere to DCB's guidelines and deadlines for submitting trainings to be considered for DCB approval. Failure to do so could result in cancellation of Provider Status with DCB or the denial of education credits submitted for DCB 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 DCB 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 DCB approve more trainings than were agreed upon, you may do so at a cost of \$50 per training until the agreement year is lapsed.

	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 – Institute Status	\$425

FEE:

Non-refundable fee can be paid using the following:

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

FAX:

717.540.4458

MAIL:

DCB

298 S. Progres Avenue
Harrisburg, PA 17109