State of California

Board of State and Community Corrections
Standards and Training for Corrections
2590 Venture Oaks Way
Sacramento, CA 958331

PART B-NEW PROVIDER APPLICATION
(SUPPLEMENTARY)

To apply, complete and sign this form. Please mail this application, along with the signed provider assurance statement, to the Standards and Training for Corrections (STC) Division. All applications will be acknowledged; approved applicants will receive confirmation via email.

SECTION 1: APPLICANT INFORMATION

1. NAME (Last, First, Middle)		2. TELEPHONE NUMBER ( ) EXT.
3. E-MAIL ADDRESS	4. COMPANY NAME	
5. COMPANY STREET ADDRESS		
6. CITY	7. STATE	8. ZIP CODE
9. DATE OF BIRTH (for criminal history check)	10. BONDED (if yes, state bonding county) NO ☐ YES ☐ County: _____	11. BUSINESS LICENSE (if yes, provide number) NO ☐ YES ☐ Number: _____
12. BUSINESS INFORMATION ☐ SOLE PROPRIETOR ☐ INCORPORATION ☐ LLC DESIGNATION ☐ OTHER (describe) _____		13. NUMBER OF YEARS PROVIDING TRAINING (for public and/or private entities)
14. COMPLETION OF AN INSTRUCTOR DEVELOPMENT COURSE (if yes, please describe and include dates) NO ☐ YES ☐ Course: _____ Dates Attended: _____		15. REVIEWED THE *POLICY AND PROCEDURE MANUAL FOR TRAINING PROVIDERS* NO ☐ YES ☐

16. TRAINING EXPERIENCE (e.g., clients served with dates and contact information)

Dates: Client Name: Title: Phone: ( ) Email:

Dates: Client Name: Title: Phone: ( ) Email:

17. REFERENCES (last two years)

Name: Title: Phone: ( ) Email:

Name: Title: Phone: ( ) Email:

18. PENDING OR PAST LITIGATION CONCERNING YOUR BUSINESS (if yes, please elaborate)

NO ☐ YES ☐ Details:

SECTION 2: TRAINING INFORMATION

19. POTENTIAL SPONSORING AGENCY	20. TYPE OF TRAINING TO BE PROVIDED CORE ☐ ANNUAL ☐	21. COURSE LESSON PLAN NO ☐ YES ☐

22. PROVIDE A BRIEF DESCRIPTION OF TRAINING TO BE PRESENTED TO STC AGENCIES

23. PROVIDE A BRIEF NARRATIVE ON WHY YOU WOULD LIKE TO BECOME AN STC PROVIDER

SECTION 3: APPLICANT COMMITMENT

I certify that I will adhere to STC Program regulations and the STC *Policy and Procedure Manual for Training Providers* in course delivery, documentation, and billing. I further certify that all information submitted to the Board of State and Community Corrections under the auspices of the User ID and PIN I receive pursuant to this application will be accurate to the best of my knowledge.

24. SIGNATURE OF APPLICANT (in full)	25. DATE