

NEW PROVIDER APPLICATION



Fully complete the application, sign, scan and email it to:
stcnewprovider@bscc.ca.gov. (JPG signature is ok.)
You may also mail it to the above address, Attn: New Provider. Please allow 1-2 weeks for an STC field representative to contact you.

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 <input type="checkbox"/> YES <input type="checkbox"/> County: _____	11. BUSINESS LICENSE (if yes, provide number) NO <input type="checkbox"/> YES <input type="checkbox"/> Number: _____
12. BUSINESS INFORMATION <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> INCORPORATION <input type="checkbox"/> LLC DESIGNATION <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> Course: _____ Dates Attended: _____		15. REVIEWED THE <i>POLICY AND PROCEDURE MANUAL FOR TRAINING PROVIDERS</i> NO <input type="checkbox"/> YES <input type="checkbox"/>	
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 <input type="checkbox"/> YES <input type="checkbox"/> Details: _____			

SECTION 2: TRAINING INFORMATION

19. POTENTIAL SPONSORING AGENCY _____	20. TYPE OF TRAINING TO BE PROVIDED CORE <input type="checkbox"/> ANNUAL <input type="checkbox"/>	21. COURSE LESSON PLAN NO <input type="checkbox"/> YES <input type="checkbox"/>
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 will be accurate to the best of my knowledge.

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