

NEW PROVIDER APPLICATION

To apply, completely fill out all the requested information and sign this form below. You may email this application to stcnewprovider@bscc.ca.gov or mail it to the above address, ATTN: New Provider application. All applications will be acknowledged within 1-2 weeks with a phone call from an STC Field Representative; approved applicants will receive confirmation via email. Prior to approval of first course new providers shall submit a completed lesson plan for review to ensure compliance with our requirements. All other lesson plans (for annual courses) may be requested at the discretion of the assigned field representative.

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
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. AGENCY(S) YOU INTEND TO PROVIDE TRAINING TO	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 <i>Policy and Procedure Manual for Training Providers</i> 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