



PROVIDER APPLICATION

Program Year

June 1, _____ to May 31, _____

Mississippi College | Office of Continuing Education
Continuing Education Units Program
Box 4031
Clinton, Mississippi 39058

Organizations submitting an initial application must complete Parts I-III. Annual renewals require Parts I and II only. Include Part III only if any previously reported information has changed.

Part I - Identifying Information

A. Organization: _____

B. Mailing Address: _____

City/State/Zip: _____

C. Contact Person: _____ Position: _____

Phone: _____ Fax: _____

Email: _____

Part II - Compliance Assurance

Upon approval of this application, I assure the Mississippi College Office of Continuing Education (MC OCED) that the organization of which I am executive officer will provide training as submitted by this agency and approved by the MC OCED.

Chief Executive Officer, Applicant Organization: _____

Signature

Print Name/Title

Date: _____

MC OCED Use Only

Approved, MC OCED: _____

Date Received: _____

Date License Mailed: _____

Part III - Eligibility Justification

A. Please provide your organization's mission statement: _____

B. Describe how your training for educational personnel supports your mission or purpose:

C. Attach an organizational chart and/or describe your administrative structure:

D. Describe your procedures for permanent record storage: _____

E. Describe your organization's prior experience providing in-service education. List 1-3 training events, including title, dates, and number of participants. Attach evaluation summaries if available. Provide 3 references familiar with your agency's training work.

1. Previous experience: _____

2. References (Name, Agency, Address, Phone): _____
