PROVIDER APPLICATION

Mississippi Christian University
Office of Continuing Education
Continuing Education Units Program
Box 4031
Clinton, Mississippi 39058

INSTRUCTIONS

- *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. Street Address _____

City/State/Zip _____

C. Contact Person: _____

Position _____

Phone _____ Email _____

Part II - Compliance Assurance

Upon approval of this application, I assure Mississippi Christian University Office of Continuing Education (MC OCE) that our organization will deliver all training exactly as submitted and approved.

Chief Executive Officer, Applicant Organization:

_____

Signature *Date*

_____

Printed Name and Title

MC OCE Use Only

Approved, MC OCE:_____

Date Received: _____

Date License Mailed: _____

Part III - Eligibility Justification

A. Provider's Mission Statement _____

B. Describe how the training of educational personnel relates to provider's mission or purpose

C. Attach organizational chart and/or describe administrative structure_____

D. Describe procedures for permanent record storage _____

E. Describe your agency's experience delivering in-service education. List up to 3 recent training events and attach evaluation summaries, if available. Provide 3 professional references qualified to speak on your agency's in-service training performance.

Recent training events (Course Title, Date(s), Number of Attendees)

1. _____

2. _____

3. _____

References (Name, Agency, Address, Phone)

1. _____

2. _____

3. _____