

## Application: Approved Training Provider for NCB Initial Certification

Application to become an approved foundational training provider for Nevada Certification Board (NCB) Foundation training for initial certification

The following is the application to become an approved NCB training provider for foundational or "101" training for initial NCB certifications

Training providers are required to provide the following documentation as part of their application: completed application form (this document), a completed crosswalk of curriculum and certification specific competencies, a course syllabus, a curriculum vita (CV) or resume for each instructor, and a certificate of completion sample.

Once complete, please return all required documentation to <a href="mailto:contactus@nevadacertbord.org">contactus@nevadacertbord.org</a>.

Name of Training Organization:

Name and Title of Training Organization Representative:

**Email Address:** 

Title of Training:

Training Format:

Live, In-Person Live Webinar Online, Self-Paced Offline, Self-Paced Hybrid

## Certification:

Birth Doula Community Health Worker (CHW) Peer Recovery Support Specialist (PRSS) PRSS Supervisor Prevention Specialist

Length of Training (hours obtained by trainees):

Please provide a brief course description below:

Please include a copy of your certificate template with your application materials.

Applicants are required to provide a Certificate of Completion to the professionals who complete their course. The certificate should include the following information:

- Name of training organization(s) and/or sponsor(s)
- Title of training/conference
- Date(s) of training/conference
- Name of participant/attendee
- Hours of attendance/participation

Application Checklist (Did you include the following with your application?):

Completed Application Form
Completed Crosswalk
Course Syllabus
Trainer Resume(s) or CV
Sample Certificate of Completion

| I attest that all the information and materials provided in this application give an accurate representation of the course listed above. |
|--|
| Signature:   |
| Date:  |