



Application: Approved Training Provider for NCB Initial Certification

Application to become an approved foundational training provider for Nevada Certification Board (NCB).

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

Once complete, please return all required documentation to contactus@nevadacertboard.org.

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)
- Family Peer Support Specialist (FPSS)
- FPSS Supervisor
- Peer Recovery Support Specialist (PRSS)
- PRSS Supervisor
- Prevention Specialist (PS)

Length of Training (hours obtained by trainees):

Please provide a brief course description below:

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: