



Course Provider Application

(Application must be typewritten)

OFFICE USE ONLY
Tracking #

1 Application Type	Union Affiliation	Provider ID No. (for current providers)
<input type="checkbox"/> New <input type="checkbox"/> Course Addition	<input type="checkbox"/> Union <input type="checkbox"/> Non-Union	_____

2	Business Information <i>if a DBA is applicable, supporting documents must be submitted</i>		
Business Name	Business Telephone		

DBA or Tradename if Applicable			

Business Address	Business Fax		

City	State	Zip	Website
_____	_____	_____	_____

3a	Applicant Information <i>Owner or Director authorized to submit this application on behalf of the organization (email address must be from the business).</i>		
Last Name	First Name	Middle Initial	Phone

Business Title	Email Address		

3b	Point of Contact Information <i>If different than applicant, is a person that is authorized to handle all NYCDOB inquiries and requests on behalf of business.</i>		
Last Name	First Name	Middle Initial	Phone

Business Title	Email Address		

4	The Business is: <i>The Business must provide proof that it is: (Select One)</i>
<input type="checkbox"/> Approved by the New York State Department of Education, such as through a registered New York State Department of Labor vocational, trade or apprenticeship program; or <input type="checkbox"/> Licensed as an educational institution by the New York State Department of Education; or <input type="checkbox"/> Accredited by an accrediting organization recognized by the United States Department of Education or the Council for Higher Education Accreditation; or <input type="checkbox"/> Certified by an organization accredited by the American National Standards Institute (ANSI) as a Standards Developing Organization with published standards for continuing education and training.	

6a Course Provider Statement

I hereby state that as a condition to having the checked course(s) approved, I attest that as the course provider, I must comply with all applicable laws, Department rules, regulations and directives governing Department approved courses. I will ensure that any of the checked courses required will be taught in accordance with the most current NYC DOB Department approved course requirements as posted on the Department's website. I understand that any code or rule violations including failure to adhere to approved course requirements may result in the Department's revocation of its approval for any and all courses.

I understand that course instructors must be credentialed or trained in instructional methods, and knowledgeable in the subject matter being taught. Additionally, if to the extent that the course instructor(s) holds, or has held, a trade license issued by the Department, it must be in good standing and not have been suspended by, surrendered to, or revoked by the Department.

NOTICE: Once approved you will receive an approval letter and will be posted on the Department Approved Course Providers List. If you selected DOB next to a course, you will receive access to the SST Course Curricula Portal.

6b Notarization and Signature

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment, fine, or both.

Name (type):	State of New York, County of:	Notary Seal
Owner's Signature	Sworn to before me this day of 20	
Date	Notary Signature	

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Date reviewed _____ Reviewed by _____ Accepted Rejected