



FORM 100 – Nevada Exemption for Distance Education

Click within the brackets to type information.

Mail original copy to CPE, 2800 E. St. Louis Avenue, Las Vegas, NV 89104

INSTITUTION NAME			WEB SITE URL
STREET ADDRESS			PHONE NUMBER
CITY	STATE	ZIPCODE	FAX NUMBER
NAME OF SCHOOL REPRESENTATIVE		POSITION	
E-MAIL ADDRESS		NAME OF ACCREDITING BODY	

CERTIFICATIONS

- 1) The training provider/postsecondary educational institution identified on this form does not and will not have a physical presence in Nevada;
- 2) The training provider/postsecondary educational institution identified on this form does not and will not solicit students in Nevada by means such as direct mailing, e-mailings, phone calls, local advertisements or employees or contractors located within Nevada;
- 3) No part of the training provided by the training provider/postsecondary educational institution identified on this form will take part in Nevada;
- 4) The training provider/postsecondary educational institution identified on this form may employ Nevada residents for the sole purpose of teaching online course work; and,
- 5) The above-named institution is accredited by a U.S. Department of Education-recognized accrediting agency.

UNDER PERJURY OF LAW I HEREBY DECLARE THE ABOVE FIVE STATEMENTS TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AS IT PERTAINS TO THE TRAINING PROVIDER/POSTSECONDARY EDUCATIONAL INSTITUTION IDENTIFIED ABOVE.

TYPED NAME OF SCHOOL REPRESENTATIVE

SIGNATURE AND DATE SIGNED

NOTARY SIGNATURE AND SEAL

Sworn and subscribed to me on this _____ day of _____

CPE USE ONLY BELOW THIS LINE

Based on the information attested to above, the training provider/postsecondary educational institution described above is not required to be licensed in Nevada by the Commission on Postsecondary Education. Any change to the five statements above automatically rescinds this authorization and the institution must reapply.

SIGNATURE OF CPE ADMINISTRATOR/DATE SIGNED

NOT VALID
WITHOUT
RAISED CPE
SEAL