|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Business Name/Institution Name | | | Business Phone | | |
| Street Address | | City | | State | Zipcode |
| Contact Person | | Contact Position | Contact Email | | |
| Business Website |  | | | | |

**Location of Institution/Training Facility**

Nevada (Start up company) Nevada (Existing Business)

Out of State Institution Branch campus in Nevada

**Program Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Training Program | Length of Training (clock hours) | | Cost (Tuition, books & supplies) |
| Description of Training (please attach any supporting information that will assist with the evaluation): | | | |
| Pre-requisites to enter training | | Mode of Delivery:  Ground/In Person Online only  Hybrid (both online/in person) | |

**Y/N Please answer each of the questions with Y for yes and N for No for the training program**

|  |  |
| --- | --- |
|  | Is the training offered to adults (anyone over the age of 18 or matriculated from high school)? |
|  | Will the training be offered ***exclusivel***y to your company’s bona fide employees? |
|  | If training is only provided to company employees, will the employee be required to pay for the training? |
|  | Does the training lead to employment at a beginning or advanced level? |
|  | Does the business reference employment opportunities or jobs as part of the course advertisement? |
|  | Does the training lead to the award of educational credentials or certification? |
|  | Does the training prepare the student for an industry recognized certification? |
|  | Does the training provide credits toward a degree? |
|  | Does the training prepare an individual to take examinations for initial licensure in a profession or vocation? |
|  | Does the training permit an individual to receive/test for a credential required to be employed in a profession or vocation? |
|  | Do you charge any fees related to the training, books or supplies? |
|  | Do you receive or request donations, foundation support, government funding or grants to operate/offer the program? |
|  | Have you ever offered training within the state of Nevada to include a temporary location (i.e. a hotel, short term business rental or conference facility)? |

|  |  |
| --- | --- |
| Business/Institution Name | Training Program |
|  |  |

Check all the institution plan to do in Nevada

Student recruitment/Agents  Local advertising  Experiential Training (Practical/clinical)

Offer Resident courses  Offer Resident Lab  Offer Distance Education

Administrative office in Nevada

Contract with Postsecondary Institution to provide training

Listing on State Eligible Training Provider List

**Out of state Institutions Only:**  Accredited IHL  Accredited NCD  Non-Accredited NCD

|  |  |  |  |
| --- | --- | --- | --- |
| Location of Main Campus |  | Accrediting Body |  |
| State Licensing | Licensed  Exempt | | |

Does the institution participate in NC-SARA?  Yes  No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please provide your NC-SARA approval letter with this application**  **Under perjury of law, I hereby declare the above information is true and correct to the best of my knowledge as it pertains to the training provider/postsecondary educational institution identified above.**   |  |  |  | | --- | --- | --- | |  |  |  | | Printed Name of Representative |  | Signature |   **NOTARY SIGNATURE AND SEAL**  Sworn and subscribed to me on this day of , |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **►CPE USE ONLY◄** | | | | |
|  | **LICENSURE IS REQUIRED – NOT EXEMPT.** Licensure is required based on the information provided by the applicant and a letter explaining the reason is included. If you wish to apply for licensure, please obtain the proper application online at [www.cpe.nv.gov](http://www.cpe.nv.gov) or contact this agency. If you believe the requirement to be licensed is incorrect, you may request a hearing before the Commission, however, you cannot operate until such time as an exemption has been approved by the Commission or a license to operate has been issued. | | | |
|  | **LICENSURE NOT REQUIRED – EXEMPT.** Training identified by applicant on this form and attachments (\_\_\_\_\_\_\_) are exempt from licensure. Exemption does not constitute any endorsement or approval by the State of Nevada or the Commission and neither endorses or approves any activities, programs, training, courses, and businesses by issuing this exemption. Exemption applies only to the persons and/or business identified on this form, specific training program and is not transferrable. Failure to immediately bring any changes to the information provided on this form to the attention of the Commission or misrepresentation of the training activity listed in this application invalidates the exemption. Any changes in state or federal statute may invalidate this determination as of the effective date of the said change. A copy of this form and attachments will be on file with the Commission. | | | |
| SIGNATURE OF **CPE** REPRESENTATIVE / DATE | |  | | |
| COMMISSION ON POSTSECONDARY EDUCATION  2800 E St. Louis Avenue  Las Vegas, NV 89104 | | | PH: 702-486-7330  FX: 702-486-7340 | www.cpe.nv.gov |