

NEW PROVIDER APPLICATION

To apply, completely fill out all the requested information and sign this form below. You may email this application to stcnewprovider@bscc.ca.gov or mail it to the above address, ATTN: New Provider application. All applications will be acknowledged within 1-2 weeks with a phone call from an STC Field Representative; approved applicants will receive confirmation via email.

SECTION 1: APPLICANT INFORMATION

1. NAME (Last, First, Middle)		2. TELEPHONE NUMBER () EXT.	
3. E-MAIL ADDRESS	4. COMPANY NAME		
5. COMPANY STREET ADDRESS			
6. CITY	7. STATE	8. ZIP CODE	
9. DATE OF BIRTH (for criminal history check)	10. BONDED (if yes, state bonding county) NO <input type="checkbox"/> YES <input type="checkbox"/> County:	11. BUSINESS LICENSE (if yes, provide number) NO <input type="checkbox"/> YES <input type="checkbox"/> Number:	
12. BUSINESS INFORMATION <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> INCORPORATION <input type="checkbox"/> LLC DESIGNATION <input type="checkbox"/> OTHER (describe)		13. NUMBER OF YEARS PROVIDING TRAINING (for public and/or private entities)	
14. COMPLETION OF AN INSTRUCTOR DEVELOPMENT COURSE (if yes, please describe and include dates) NO <input type="checkbox"/> YES <input type="checkbox"/> Course Dates:		15. REVIEWED THE <i>POLICY AND PROCEDURE MANUAL FOR TRAINING PROVIDERS</i> NO <input type="checkbox"/> YES <input type="checkbox"/>	
16. TRAINING EXPERIENCE (e.g., clients served with dates and contact information) Dates: Client Name: Title: Phone: () Email: Dates: Client Name: Title: Phone: () Email:			
17. REFERENCES (last two years) Name: Title: Phone: () Email: Name: Title: Phone: () Email:			
18. PENDING OR PAST LITIGATION CONCERNING YOUR BUSINESS (if yes, please elaborate) NO <input type="checkbox"/> YES <input type="checkbox"/> Details:			

SECTION 2: TRAINING INFORMATION

19. AGENCY(S) YOU INTEND TO PROVIDE TRAINING TO	20. TYPE OF TRAINING TO BE PROVIDED CORE <input type="checkbox"/> ANNUAL <input type="checkbox"/>	21. COURSE LESSON PLAN NO <input type="checkbox"/> YES <input type="checkbox"/>
22. PROVIDE A BRIEF DESCRIPTION OF TRAINING TO BE PRESENTED TO STC AGENCIES		
23. PROVIDE A BRIEF NARRATIVE ON WHY YOU WOULD LIKE TO BECOME AN STC PROVIDER		

SECTION 3: APPLICANT COMMITMENT

I certify that I will adhere to STC Program regulations and the STC <i>Policy and Procedure Manual for Training Providers</i> in course delivery, documentation, and billing. I further certify that all information submitted to the Board of State and Community Corrections will be accurate to the best of my knowledge.	
24. SIGNATURE OF APPLICANT (in full)	25. DATE