

## **CCALP TEMPLATE OF WORKSHOP DESCRIPTION AND ATTESTATION**

Required as part of the Board Approved Credential Training Provider, CTP) Program and the issuance of a CTP Number (CTP#)

Presenter(s): First Name, Last Name, Credentials

What year are you applying for: (2023, 2024, or 2025)

Method of Presentation (In-person or Online, or Hybrid):

Number of CE's that's being provided within the training program: (comply with Rule 135-9)

Name of Training Program or individual workshop titles

Description (less than 500 words):

Objectives (3 required):

Bio of Presenter(s): Less than 250 words and must be relevant to the training program:

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1. Does the provider maintain policies concerning program fees, refunds, and cancellation?
  2. Does the provider maintain a published policy concerning the review and resolution of student/ trainee complaints and disputes related to programs?
  3. Will the applicant provide all legally required disability accommodations to trainees in compliance with Americans with Disabilities Act (ADA) Requirement)?
  4. Must require attendees to provide a copy of their Tele Mental Health (TMH) training per rule 135-11. How will applicant store that information?

By completing this Template form: I attest that I understand the Board Approved Credential Training Provider, CTP) Program (Policy).

In addition, the information provided in this application is complete, and that I must provide documentation to support my responses in this application, if requested by CCALP. I understand that submission of the application does not indicate approval. If approved, as an CTP, the provider will comply with the terms set forth in the CCALP policy.