



Oklahoma ABLE Commission

Training Re-Certification Application

Program Name _____

Employer _____

Street Address _____

City _____ State _____ Zip Code _____

Applicant _____ Age _____ Date of Birth _____

Applicant Address _____ City _____

State _____ Zip Code _____ Phone Number _____

Email Address _____

Training Provider Website _____

Original Date of Certification: _____

Are you employed by a licensee of the Oklahoma ABLE Commission? Yes / No

If yes, please provide license number _____

Please acknowledge your understanding of the following statements by initialing next to each one:

_____ I certify that any changes being made to the current approved training program are included with this application for review before Commission approval.

_____ I certify that we use this training program exactly as it was approved by the Oklahoma ABLE Commission and the only changes or modifications that have been made are the ones that we are currently requesting approval for.

_____ Certified trainings must include the minimum curricula outlined in OAC Title 45, Chapter 15.

_____ A certificate of completion cannot be issued to anyone that has not completed the training.

_____ If I do not follow the training curriculum as it was approved; my approval to conduct training may be revoked.

_____ I must authenticate the identity of all persons completing the training.

_____ The ABLE Commission may review my training course at any time, without notice.

_____ I am aware that I must attend an ABLE Commission meeting to present my request for approval in person. I am further aware certification of this program is a privilege, not a right.

_____ I certify that I have read Chapter 15, of Title 45 of the OAC, and understand the contents thereof.

_____ I understand that I must provide a certificate of completion to each individual licensee who completes this training program.

_____ I understand that I must keep accurate records containing a list of individuals who has completed my program for a period of three (3) years. Further, I understand these records are subject to review at any time on request of the ABLE Commission.

_____ I understand that a copy of my proposed training curriculum must be submitted to the ABLE Commission at 50 Northeast 23rd Street, Oklahoma City, Oklahoma 73105, in care of Captain Erik Smoot.

_____ I understand that by submitting my proposed training curriculum to the ABLE Commission, the program becomes a "record" within the meaning of the Oklahoma Records Act, 51 O.S. § 24A.1 *et. seq.*

_____ I understand that I may be required to appear before the Oklahoma ABLE Commission to present and/or testify in open meeting concerning my request for approval.

_____ I understand that I must re-apply for certification in the event I desire to raise my program fees or begin charging program fees to participants of my program.

_____ I understand that if I alter my course of instruction from what is presented and approved by the Commission, I must seek recertification for purposes of such alteration to my program of instruction.

1. Is this training program an online or in-person training? Online / In-person **If this is an online training program, an explanation of security features including unique login and password procedures must be attached to this application.**
2. **Both a digital and a hard copy of the proposed training curriculum MUST be attached to this application. A digital copy can be provided by CD or flash drive.**
3. Do you intend to charge a participant in your training program a fee for the instruction? If so, clearly state in your program of instruction, or on this application the fee amount you desire to charge each individual for the course.

I affirm that all information listed on this application is true and correct.

Signature _____ Date Signed _____

Print Name _____