



**Oklahoma ABLÉ Commission
Training 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 _____

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

If yes, please provide license number _____

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

- _____ 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 ABLÉ Commission may review my training course at any time, without notice.
- _____ I am aware that I must attend an ABLÉ 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, please 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 _____