

# Oklahoma ABLE 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 ABLE 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 ABLE Commission may review my training course at any time, without notice.

\_\_\_\_\_ I am aware that I may be required to 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 have 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 my proposed training curriculum must be submitted through the Training Re-Certification Smartsheet form on our website, with digital copies uploaded.

\_\_\_\_\_ 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 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. **A digital copy of the proposed training curriculum must be uploaded with the application via the Smartsheet file. All documents related to the training must be provided.**
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 \_\_\_\_\_