

ILLINOIS COMMUNITY COLLEGE TRUSTEE TRAINING PROVIDER RENEWAL APPLICATION

Provider's Name: _____

Provider's Address: _____
(Street Address, City, State, Zip)

Contact's Name: _____

Email Address: _____ Phone Number: _____

Have there been any significant changes to the following since last submission? Yes No
(If yes, attach revised documents as appropriate.)

- Course Schedule and/or Syllabi
- Instructors and /or Their Qualifications
- Fee Schedule (if applicable)

Does the material to be used in the renewal period conform to current statute, rules, and procedures of the ICCB? Yes No

List all trainings provided during the previous approval period. (Include locations, dates and fees.)

Application Submitted by:

Print Name of Person Submitting Application *Title*

Signature of Person Submitting Application *Date*

Return Completed Application to:

**Illinois Community College Board
ATTN: External Affairs
401 East Capitol Avenue
Springfield, Illinois 62701**