## RENEWAL OF CONTINUING EDUCATION COURSE APPROVAL

RCFE CETP

(740-2)

ADMINISTRATOR CERTIFICATION PROGRAM

(1) Type of Program and Vendorship: (Select one box.) GH CETP

(730-2)

ARF CETP

(735-2)

Instructions: To renew an approved course that is current and accurate, vendors must submit this completed form, along with their vendor renewal application (LIC 9141) to CDSS, ACS, 744 "P" Street, MS 9-14-47, Sacramento, CA 95814, at least 60 days in advance of the course expiration. Submit a separate application for each program type (ARF, GH, RCFE, STRTP), and copy the form as needed to list all the courses proposed for renewal. Note: if at the time of vendor renewal a course is not current and accurate, you cannot use this form; you must submit a new course request on the LIC 9140 form.

2000098-730-2

STRTP CETP

(733-2)

(2) Vendor Informa	tion: (Please prin	<i>t.)</i> Vendor Number	:		
Organization/Vendor Business Name:			Fric Brotman		
(3) Course Inform	nation: (Please	print course nam	nes and numbers in co	olumns (A) and (B).) Reminder: this form is fo	or <u>current courses</u> only.
FOI	R ACS USE ONL	Υ		FOR VENDOR USE	
DISAPPROVAL DATE	EFFECTIVE DATE OF APPROVAL	NEW EXPIRATION DATE	COURSE NA	(A) AME(S) AS CURRENTLY APPROVED	(B) COURSE NUMBER(S) (XXX-XXXX-XXXXX)
	3/11/2019	3/10/2021		Autism: Atypical Mind	098-0504-31029
	3/11/2019	3/10/2021	Marijua	na: Medical and Recreational Use	098-0307-31446
	3/11/2019	3/10/2021	Medicati	on Compliance: Regulation Course	098-0507-32089
	3/11/2019 3/10/2021			Natural Supports	098-0344-31790
	3/11/2019	3/10/2021	Opia	te and Prescription Drug Abuse	098-0207-31217
	3/11/2019	3/10/2021	Physical Fitness and Zumba		098-0206-31706
	3/11/2019	3/10/2021	Sexually Transmitted Infections: Causes Prevention		098-0506-31406
	3/11/2019	3/10/2021	Substance Abuse and Co Ocurring Disorders		098-0504-31268
	3/11/2019	3/10/2021	Depression		098-0343-30320
	3/11/2019	3/10/2021	Down Syndrome Across The Lifespan		098-0443-30890
	3/11/2019	3/10/2021	Epiepsy and Seizures Advanced		098-0543-31247
3/11/2019			Fingerprint Clea	rance Crimes and Exemptions Regulations	098-0440-28969
assure that the c	course content <u>ırate</u> . Should a for approval p	, classroom hounny changes in rior to conducti	urs, and instructor(s the course content, ng the revised cours	nue offering the currently approved cours s) are the same as currently approved, a instructor(s) or hours occur, we will subr se. Schedules and rosters will be submit true and correct to the best of my know	nd that the <u>content is still</u> nit a new course approval ted as required by CDSS.
Signature of Vendo			9	Printed Name of Vendor/Authorized Represent	
Eric Brotman Eric Brotman (Mar 11, 2019)				Eric Brotman	
Title				Date	
Executive Director			- NOT WEST	Mar 11, 2019	
Analyst Signature			DO NOT WRITE BEL	OW THIS LINE Date	
Kayla Phillips				03/11/2019	
LIC 9139 (03/17)				_L	PAGE 1 OF 1

## RENEWAL OF CONTINUING EDUCATION COURSE APPROVAL

ADMINISTRATOR CERTIFICATION PROGRAM

FOR ACS USE ONLY			FOR VENDOR USE		
DISAPPROVAL DATE	EFFECTIVE DATE OF APPROVAL	NEW EXPIRATION DATE	(A) COURSE NAME(S) AS CURRENTLY APPROVED	(B) COURSE NUMBER(S) (xxx-xxxx-xxxxx)	
	3/11/2019	3/10/2021	Food Service: Regulations	098-0440-31981	
3/11/2019			Foodborne Illness	098-0345-29191	
3/11/2019			Fragile X: The Story	098-0243-29398	
	3/11/2019	3/10/2021	HIPAA Compliance	098-0241-31867	
	3/11/2019	3/10/2021	HIV AIDS TB Online	098-0443-30956	
	3/11/2019	3/10/2021	Human Sexuality Across The Lifespan	098-0304-31590	
	3/11/2019	3/10/2021	Intellectual Disability	098-0504-32163	
	3/11/2019	3/10/2021	LGBT Comptency Online	098-0650-31358	
	3/11/2019	3/10/2021	LGBT Movement: Discrimination and Inequality	098-0514-31312	

(4) Vendor Certification: We are requesting to renew and continue offering the currently approved courses listed above. We assure that the course content, classroom hours, and instructor(s) are the same as currently approved, and that the content is still current and accurate. Should any changes in the course content, instructor(s) or hours occur, we will submit a new course approval form to the ACS for approval prior to conducting the revised course. Schedules and rosters will be submitted as required by CDSS.

## I declare that the foregoing information is true and correct to the best of my knowledge.

Signature of Vendor/Authorized Representative	Printed Name of Vendor/Authorized Representative
<i>Eric Brotman</i> Eric Brotman (Mar 11, 2019)	Eric Brotman
Title	Date
Executive Director	Mar 11, 2019

DO NOT WRITE BELOW THIS LINE			
Analyst Signature	Date		
Kayla Phillips	03/11/2019		

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9139

Final Audit Report 2019-03-11

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By: Vendor Setup (VendorAutomation@dss.ca.gov)

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