

DISAPPROVAL DATE	EFFECTIVE DATE OF APPROVAL	NEW EXPIRATION DATE	(A) COURSE NAME(S) AS CURRENTLY APPROVED	(B) COURSE NUMBER(S) (xxx-xxxx-xxxxx)

(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
Title	Date

DO NOT WRITE BELOW THIS LINE

Reviewed by	Date
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