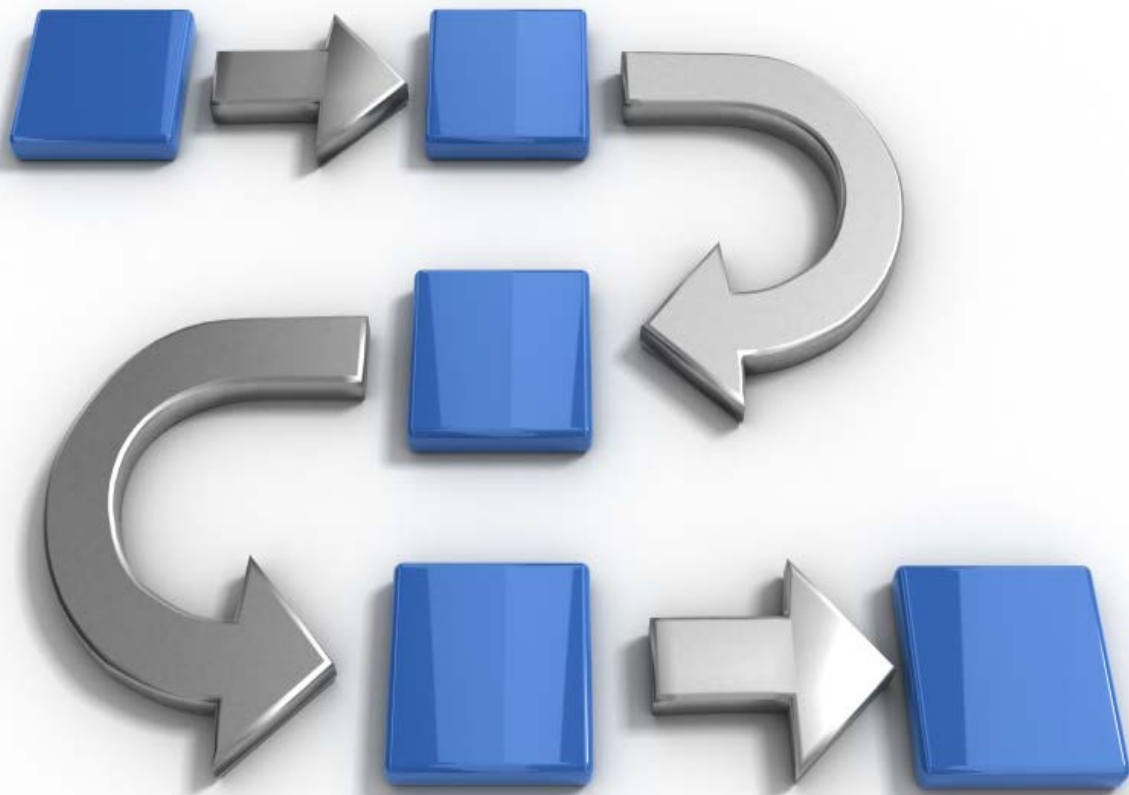


Instructional Manual for Using the Vendor Automation Platform



Department of Social Services/Community Care Licensing Division
Policy, Training and Quality Improvement Branch
Administrator Certification Section
Vendor Support and Review Unit
744 P Street, M.S. 9-14-47, Sacramento, CA 95814
Main Line (916) 653-9300 Fax (916) 654-1808

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Overview

The Vendor Automation Platform allows new and existing vendors to submit vendorship related forms and documents electronically. The Platform will automatically notify users when their electronic submissions are received by the Administrator Certification Section (ACS). The automated notifications will include a description of the form or document submitted and will serve as a record of receipt. While making electronic submissions, users will encounter “Tool Tips.” These tips provide helpful information to assist in submitting documents. Vendor Analysts are available to help users navigate this innovative new system.

The forms available on the Platform include:

- LIC 9141 – Vendor Application/Renewal
- LIC 9140 – Request for Course Approval
- LIC 9140A – Request to Add or Replace Instructor
- LIC 9139 – Renewal of Continuing Education Course Approval
- LIC 9142A – Roster of Participants
- Vendor Course Notification Form

The ACS looks forward to working with new and existing vendors to successfully implement the Vendor Automation Platform.

Format

The format of the manual is straightforward. The manual provides instructions followed by screen shots to aid vendors in submitting applications, adding instructors, and numerous other processes. Screen shots are different in size, shape and fonts – this is unavoidable. Screens that will require vendors to take an action are emphasized in **bold** as well as, using the color **RED**.

Acknowledgements

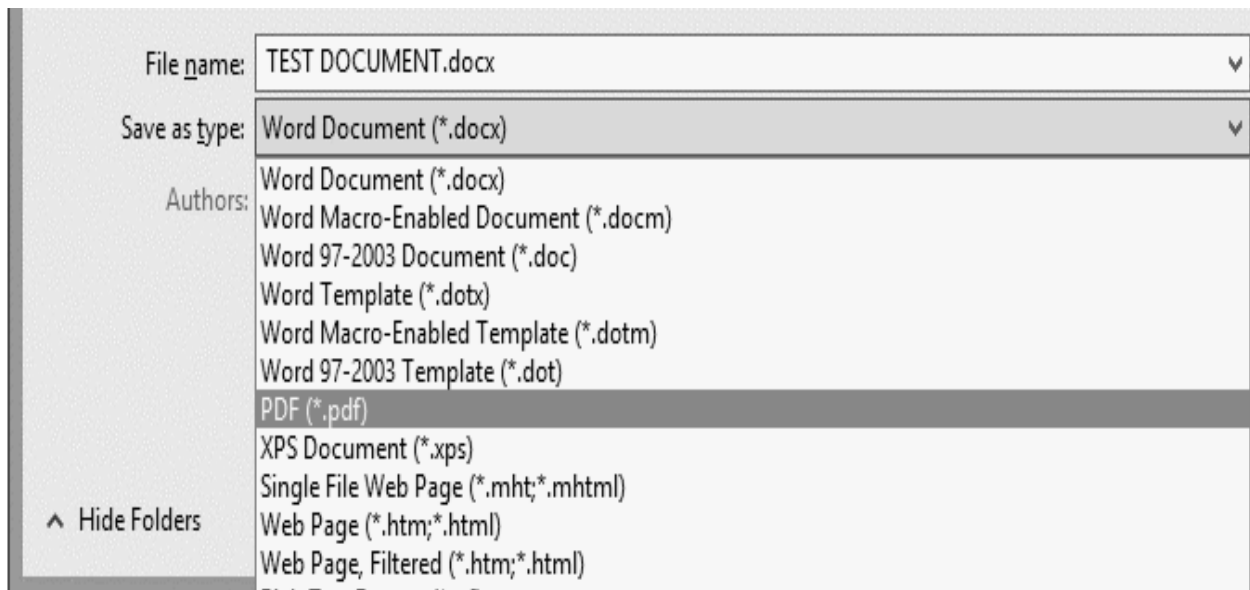
The ACS appreciates those vendors and end users who supported this project by providing helpful input to and testing of this automation platform. Thank you!

Converting a Word Document to a Portable Document File (.PDF)

Converting a Word document to a .PDF preserves the document's layout, formatting, fonts, and images. Most importantly, saving as a .PDF helps to protect your document by preventing content from being easily altered. It is recommended that you convert your documents into .PDF format to ensure that the appearance of your submission materials is as you intended.

Convert your documents into .PDF format prior to uploading them to the platform.

1. In Microsoft Word, **click “File”**. Then, **click “Save As”**.
2. In the “Save as type:” dropdown box, **click “PDF (*.pdf)”**.



3. Choose your desired location, then **click “Save”**.

Accessing the Platform

The Vendor Automation Platform is available on the [forms](#) and [Vendor Information](#) page of the Administrator Certification Section's (ACS) website.



NEW - AUTOMATION OF VENDOR SERVICES HAS ARRIVED!

The Administrator Certification Section (ACS) now offers a quick and convenient way to submit Vendor Applications and related forms electronically! In using this service, Vendors will be able to submit and track documents and receive ACS notices confirming receipt of Vendor documents.

Registering to access the system is free and easy. A one-time registration for your vendorship will be required upon your first use of service. Registering for an account does not mean you are an approved vendor.

Click the following link to register and sign-in to the platform:
[Vendor Automation Platform](#)

For step by step instructions in using the service, see the following link for the
[Vendor Automation Manual](#)

Use the following document to submit identifying vendor information with your payment:
[Notice of Payment Information](#)

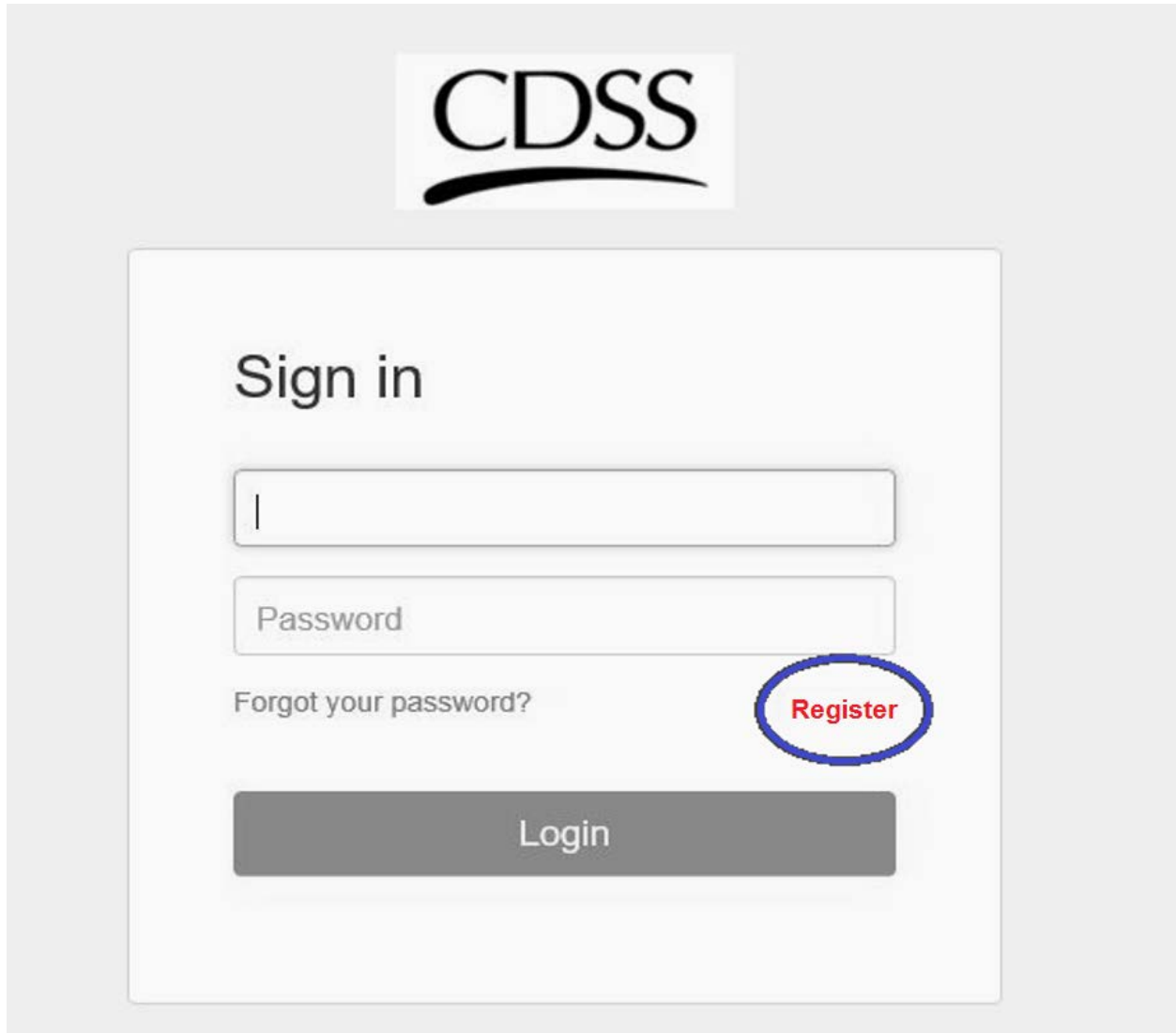
Note - application processing fees must continue to be mailed with **[identifying vendor information](#)** to the ACS at:

CDSS - Community Care Licensing Division
Administrator Certification Section
744 P Street, MS 9-14-47
Sacramento, CA 95814

If you have questions or wish to share feedback on the service, contact Michael Estioko at:
michael.estioko@dss.ca.gov

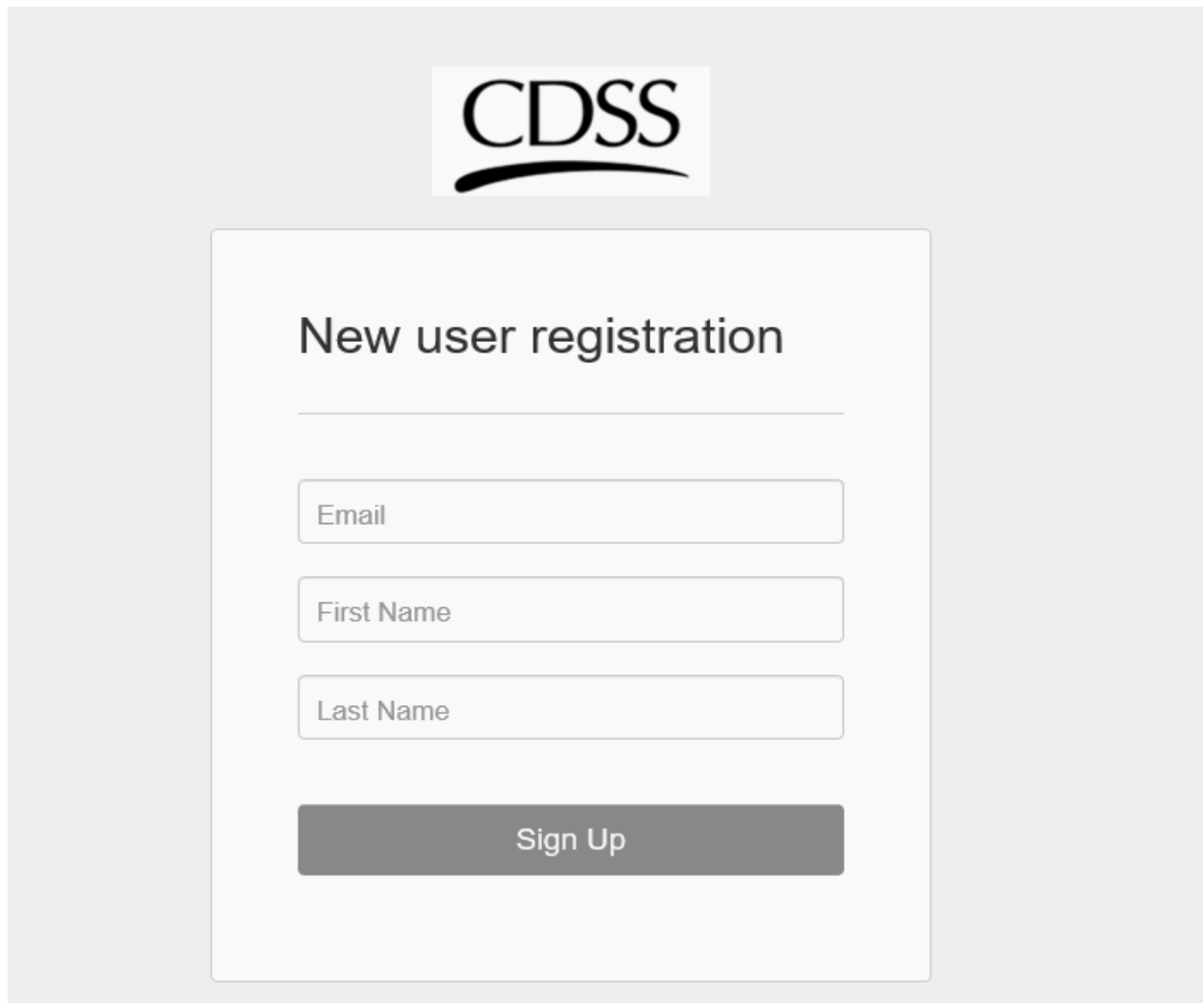
Registering and Signing in to the Platform

1. If this is your first time creating an account, **click “Register”**.



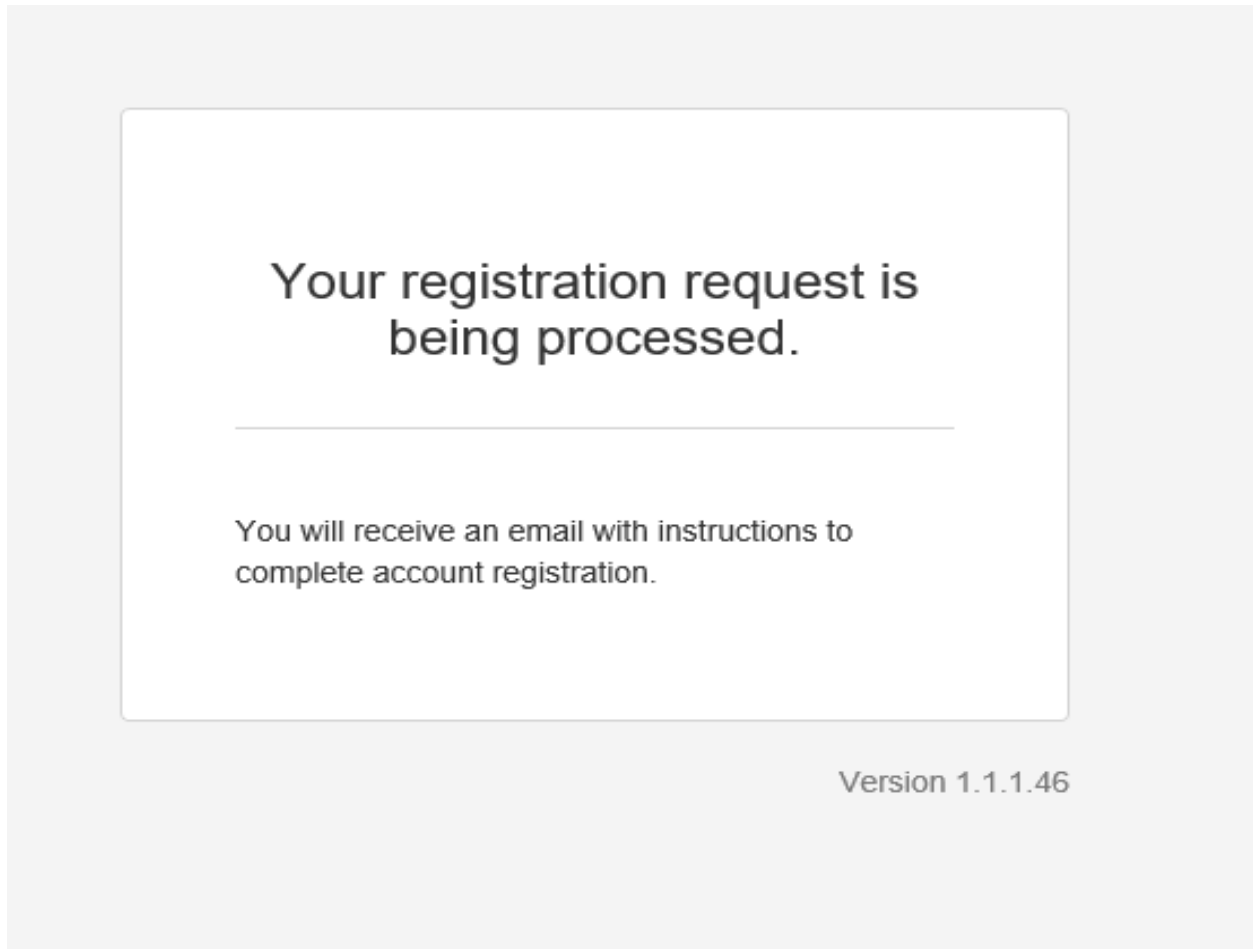
The image shows a web interface for the CDSS (California Department of Social Services) Vendor Automation Platform. At the top center is the CDSS logo, which consists of the letters "CDSS" in a serif font with a curved line underneath. Below the logo is a white rectangular box containing the "Sign in" section. Inside this box, there are two input fields: the first is for a username or email address, and the second is for a password, with the placeholder text "Password" visible. Below the password field is a link that says "Forgot your password?". To the right of this link is a red button labeled "Register", which is circled with a blue dashed line. At the bottom of the sign-in box is a large, dark gray button labeled "Login".

2. **Enter a valid e-mail address**, and your first and last name. The e-mail address you provide will be your account's username. **click “Sign Up”**, to register your account.



The image shows a screenshot of a web form for "New user registration" on the CDSS (California Department of Social Services) website. The form is centered on a light gray background. At the top, the CDSS logo is displayed. Below the logo, the title "New user registration" is followed by a horizontal line. The form contains three input fields: "Email", "First Name", and "Last Name", each with a light gray border and placeholder text. Below these fields is a dark gray button with the text "Sign Up" in white.

3. You will receive a notification that your registration is being processed. An e-mail with additional instructions will be sent to the e-mail address associated with your account.



4. **Click the link** in the e-mail to complete your account registration.

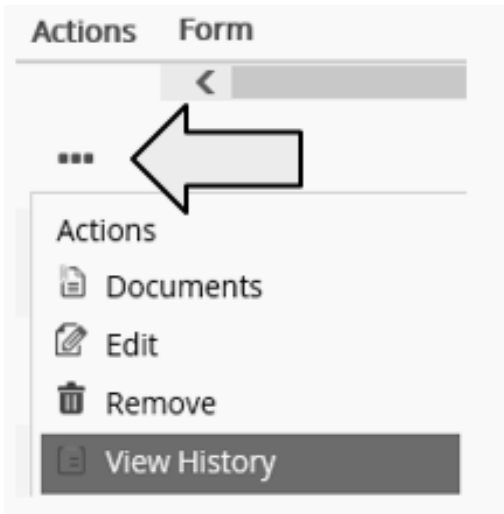
Viewing the Dashboard

1. The Dashboard is your starting point for making and tracking automated submissions, including vendor applications and related documents. Once you have logged in to your account, you will see your Dashboard. The Dashboard screen allows you to easily view the status of your submissions.

Actions	Form	Type Of Vendor	Type of Program	Course Title	Status
...	Vendor Application/Rene...	Continuing Education Trai...	GH (Group Home)		Review
...	Roster of Participants Upd...	Continuing Education Trai...	RCFE (Residential Care Fac...	TEST COURSE 1	Complete
...	Vendor Course Notificatio...				Out for Signature
...	Renewal of Continuing Ed...		RCFE (Residential Care Fac...		Complete
...	Request to Add or Replace...	Continuing Education Trai...		TEST COURSE 1	Review
...	Request for Course Appro...	Continuing Education Trai...	RCFE (Residential Care Fac...	TEST COURSE 2	Incomplete
...	Request for Course Appro...	Continuing Education Trai...	RCFE (Residential Care Fac...	TEST COURSE 1	Complete
...	Vendor Application/Rene...	Continuing Education Trai...	RCFE (Residential Care Fac...		Complete
...	Vendor Course Notificatio...				Review
...	Renewal of Continuing Ed...		RCFE (Residential Care Fac...		Complete
...	Renewal of Continuing Ed...		RCFE (Residential Care Fac...		Out for Signature

2. You can view the history for each form you have submitted.

Click the actions icon.



Click “View History”. If your submission has been approved, an electronic copy of the form can be found in the history. To access the electronic copy, **click “eSignature Documents”**.

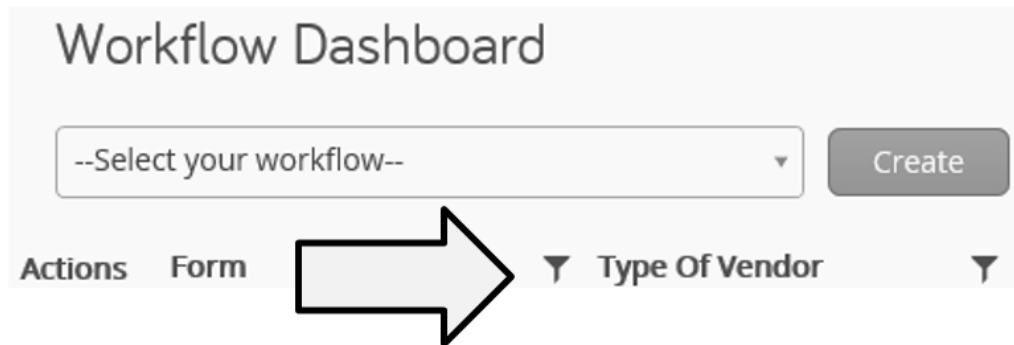


Click the “Download” icon.

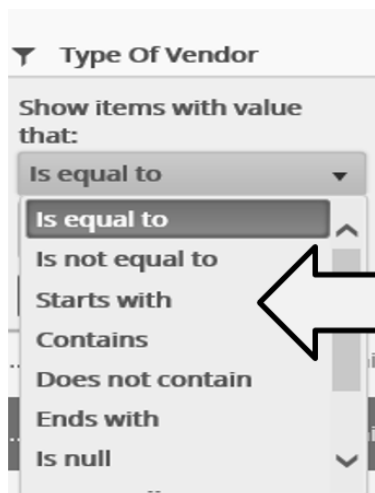


3. You can filter the submissions shown on your dashboard screen.

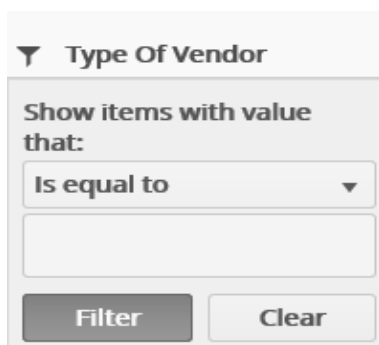
Click the filter icon next to the category you would like to use to filter your results. You can use this feature to filter by type of vendor, type of program, course title, status, or date created. A set of results can be filtered by multiple categories.



Click the “Is equal to” dropdown box and select “Starts with.” Enter the term you would like to search for. (e.g., “Vendor Application,” “Complete,” or “Incomplete”).

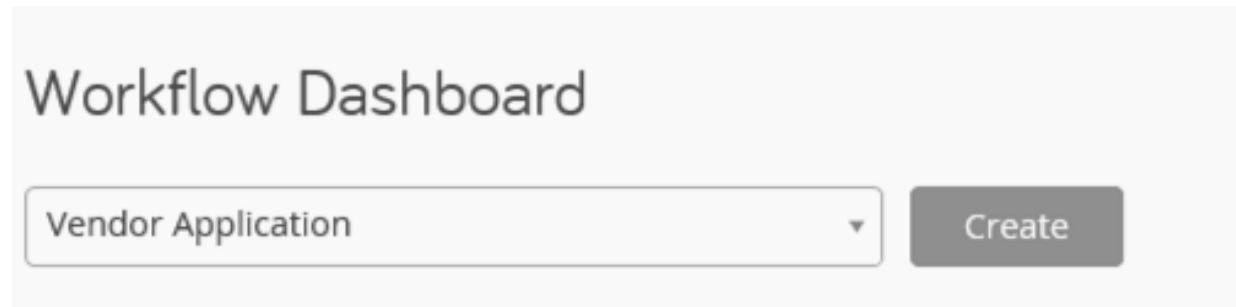


Click “Filter.” Clear your filters to restore the dashboard and view all submissions.



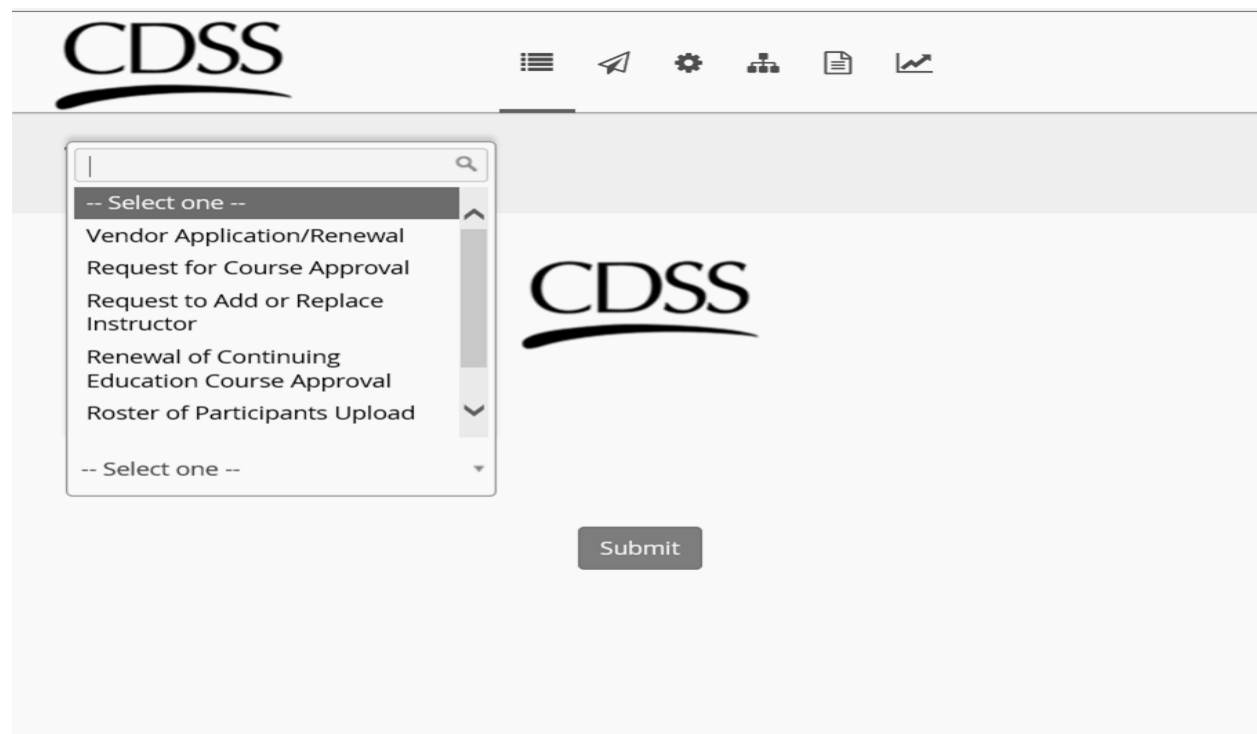
Completing the Application Process

1. To fill out an application from the Dashboard, Click **“Select your workflow.”** Click **“Vendor Application”** in the dropdown box, click **“Create.”**



The screenshot shows the 'Workflow Dashboard' interface. It features a large text label 'Workflow Dashboard' at the top. Below it is a dropdown menu currently displaying 'Vendor Application' with a downward arrow on the right. To the right of the dropdown is a grey button labeled 'Create'.

2. **Select the application or form** you would like to submit from the options in the dropdown box.



The screenshot shows the CDSS application form. At the top left is the 'CDSS' logo. To its right is a navigation bar with icons for a menu, a paper plane, a gear, a group of people, a document, and a line graph. Below the logo, a dropdown menu is open, showing a list of options: '-- Select one --', 'Vendor Application/Renewal', 'Request for Course Approval', 'Request to Add or Replace Instructor', 'Renewal of Continuing Education Course Approval', 'Roster of Participants Upload', and '-- Select one --'. To the right of the dropdown is the 'CDSS' logo again. Below the logo is a grey button labeled 'Submit'.

LIC 9141 – Vendor Application/Renewal

1. **Review the instructions** for the LIC 9141 – Vendor/Renewal Application.

Note: That applicants MUST submit a check or money order for the nonrefundable processing fee via postal mail. The process of reviewing an application cannot begin until the Department has received the application fee. Your fee MUST be accompanied by a document that contains the identifying information specified in the instructions.



Please Select a Form *

Vendor Application/Renewal ▼

Instructions:

To apply to become (or to renew as) a vendor for a training program, submit a completed online application, send a check or money order for the applicable processing fee, and include information identifying your vendorship to: CDSS, ACS, 744 "P" Street, MS 9-14-47, Sacramento, CA 95814.

Submit a separate vendor application and check or money order for each type of program (Group Home, Short-Term Residential Therapeutic Program, Adult Residential Facility, Residential Care Facility for the Elderly) and vendorship (Initial Certification Training Program or Continuing Education Training Program) requested. For new vendors, please send a document that includes the vendor business name, program type you are applying for, and your phone number, along with the check or money order. For vendors who are renewing, please complete the online application and send a check or money order for the applicable processing fee via postal mail to your assigned Vendor Analyst. Also, with your fee, include a document that contains the vendor business name, vendor number, program type, and phone number.

A non-refundable processing fee of one-hundred fifty dollars (\$150) is required for Initial Certification Training Program Vendor/Renewal Applications. A non-refundable processing fee of one hundred dollars (\$100) is required for Continuing Education Training Program Vendor/Renewal applications.

The process of reviewing an Initial/Renewal vendor application will not begin until the Department has received the applicable processing fee. If the applicable processing fee and identifying Vendor documentation is not post-marked within 30 days of the submitted online application, the request will be considered withdrawn. The application received date will be the day that the processing fee is received. Incomplete submissions will result in processing delays.

2. **Select the type of program** you would like to apply for in the dropdown box.

Application Information

Type of Program *

-- Select one --

|

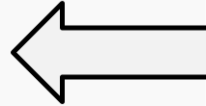
-- Select one --

GH (Group Home)

STRTP (Short Term Residential
Therapeutic Program)

ARF (Adult Residential Facility)

RCFE (Residential Care Facility for
the Elderly)



3. **Select the type of vendorship** you would like to apply for.

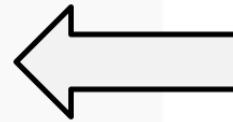
Application Information

Type of Program *

-- Select one --

Type of Vendor *

- ☐ Initial Certification Training Program (ICTP) Vendor
- ☐ Continuing Education Training Program (CETP) Vendor



4. If you select “**Initial Certification Training Program**,” a notification will appear to remind you that an LIC 9140 – Request for Course Approval **MUST** be submitted along with your application for vendorship.

Message



When applying for or renewing an Initial Certification Training Program vendorship, you must submit an LIC 9140 in addition to your application.

Close

5. **Select your company type.** Unless you are operating as an individual, you **MUST** provide documentation of authority to conduct business in California. For more information on doing business in California, see the [Secretary of State](#) website.

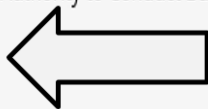
Click “Select files...” to upload your documentation.

Company Type *

- ☐ Individual
- ☐ Partnership
- ☐ Government Agency
- ☐ University, College or School
- ☐ Non-Profit Organization
- ☐ Provider Association
- ☐ Corporation
- ☐ DBA (Doing Business As)
- ☐ Other

Provide Documentation of Authority to Conduct Business in California (e.g., certificate of status from CA Secretary of State, Business License)

Select files...



6. Enter the requested applicant information.

Applicant Information

Organization/Vendor Business Name *

Street Address *

PO Boxes are not allowed

City *

State *

Zip *

Authorized Representative *

Title *

Email *

Business Phone Number *

Fax

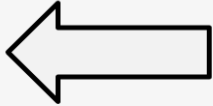
Company Website

Type of Application *

- ☐ New
☐ Renewal

7. **Select whether you are submitting a new or renewal application.**

Type of Application *

☒ New 

☐ Renewal

How many additional authorized representatives do you have? *

New Initial Certification Training Program

If you are applying for a **new** Initial Certification Training Program vendorship, a popup notification will appear to remind you that you must submit an LIC 9140 – Request for Course Approval along with your application.

New Continuing Education Training Program

If you are applying for a **new** Continuing Education Training Program vendorship, a popup notification will appear to remind you that it is highly encouraged for you to submit an LIC 9140 – Request for Course Approval.

Message ×

When applying for a new Initial Certification Training Program vendorship, you must submit an LIC 9140 Request for Course Approval.

When applying for a new Continuing Education Training Program vendorship, it is highly encouraged that you submit at least one LIC 9140 Request for Course Approval.

Close

Renewal Initial Certification Training Program

If you are **renewing** your Initial Certification Training Program vendorship, a popup notification will appear to remind you that you must submit a new LIC 9140 – Request for Course Approval .

Renewal Continuing Education Training Program

If you are **renewing** your Continuing Education Training Program vendorship, and you wish to renew an existing course, you must submit an LIC 9139 – Renewal of Continuing Education Course Approval form that contains the course information.

If you are **renewing** your Continuing Education Training Program vendorship, but you do not wish to renew any of your current courses, you must submit an LIC 9140 – Request for Course Approval for a new course.

Message



If you are renewing your Initial Certification Training Program vendorship, you must submit a new LIC 9140 Request for Course Approval form with each vendorship renewal.

If you are renewing your Continuing Education Training Program vendorship and you wish to renew existing courses, you must submit an LIC 9139 Renewal of Continuing Education Course Approval form.

If you are renewing your Continuing Education Training Program vendorship but you do not wish to renew any of your current courses, you must submit an LIC 9140 Request for Course Approval for a new course.

Close

If you select “**Renewal**” the fields shown below will appear. **Enter your vendor number and select your expiration date.**

Vendor # *

2000000-000-0

Expires *

05/09/2018

8. **Enter the number of additional authorized representatives** (e.g., partner, executive director, and/or board members) you would like for your vendorship. The Authorized Contact Certification sections that follow will populate automatically according to the number of authorized representatives entered in this section.

How many additional authorized representatives do you have? *

2

1. Name *

Test Representative 2

1. Title *

Test

1. Email

TestRep2@dss.ca.gov

2. Name *

Test Representative 3

2. Title *

Test

2. Email

TestRep3@dss.ca.gov

9. **Complete the Authorized Contact Certification section(s).** If you answer “**Yes**” to any of the questions regarding each authorized representative, a box will appear. You must enter the information requested in the box. To attach any additional documentation necessary to answer the questions, **Click “Select files...”**

Name *

Test Representative 2

Do you currently hold or have you previously held a license, certification or other approval as a professional in a specified field (e.g., RN, NHA, LVN, CNA, HHA) *

- ☒ Yes
☐ No

If yes, list the type(s) of license(s) or certificate(s) and their number(s). (Include any Administrator Certificates.) *

Do you currently hold or have you previously held a State-issued care facility license? *

- ☐ Yes
☒ No

Are you currently employed or were you previously employed by a State-licensed care facility? *

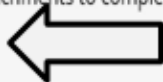
- ☐ Yes
☒ No

Have you been the subject of any legal, administrative, or other action involving licensure, certification or other approvals as specified in any of the above? *

- ☐ Yes
☒ No

Attach additional attachments to complete the above sections, if necessary.

Select files...



10. In the “**Assign an Analyst**” section, **if you are an existing vendor, click “Yes,” then select your Vendor Analyst** from the dropdown box. **If you are applying for a new vendorship, or if you are unsure of your assigned Vendor Analyst, click “No.”** If you click “No,” the dropdown box to select a Vendor Analyst will not display. If you do not have an assigned analyst, your application will still be received and you will be assigned an analyst.

Prior to submitting your application, you will be asked to **declare that all of the information provided in association with the vendorship application is true and correct** to the best of your knowledge. You will not be able to advance until you click this box.

Assign an Analyst

Do you have an assigned analyst? *

- ☒ Yes
☐ No

Select Analyst *

-- Select one --

☒ I declare that the foregoing information is true and correct to the best of my knowledge *

Submit

Click “Submit” to complete your application.

11. A notification confirming your submission will appear. The message states, “Thank you for your submission. If you’re submitting an initial application, or renewing your vendorship, the application received date will be the day that the processing fee and the online application are both accounted for. Processing fees need to be sent via postal mail to ACS. Your application will be reviewed within 30 days from the received date of the applicable processing fee.”

Vendor Application

[Exit workflow](#)

Thank you for your submission. If you're submitting an initial application, or renewing your vendorship, the application received date will be the day that the processing fee and the online application are both accounted for. Processing fees need to be sent via postal mail to ACS. Your application will be reviewed within 30 days from the received date of the applicable processing fee.

12. You will receive an e-mail confirming that your application has been received.

Hello,

Your application has been received. The following information was recorded:

Form: Vendor Application/Renewal

Type of Program: RCFE (Residential Care Facility for the Elderly)

Type of Vendor: Continuing Education Training Program (CETP) Vendor

Company Type: Individual

Authorized Representative: Test

Email: michael.estioko@dss.ca.gov

Please note that a processing fee of **\$100** is due immediately. Please submit a check or money order to CDSS, ACS, 744 "P" Street, MS 9-14-47, Sacramento, CA 95814. For new vendors, please include the vendor business name, program type you are applying for, and your phone number along with the check or money order. For vendors who are renewing, please complete the online application and send a check or money order for the applicable processing fee via postal mail to your assigned Vendor Analyst. Please include the vendor business name, vendor number, program type, and phone number with the fee. The process of reviewing an initial/renewal vendor application will not begin until the Department has received the applicable processing fee. If the applicable processing fee is not post-marked within 30 days of the submitted online application, the request will be considered withdrawn. The application received date will be the day that the processing fee is received.

Thank you,

Administrator Certification Section

As a reminder, once the Department has received the applicable non-refundable processing fee and identifying documentation (Vendor Business Name, Vendor Number, Program Type, Phone Number), your application will be reviewed within 30 days from the received date of the applicable processing fee.

13. Within 30 days of receipt of the processing fee, your application will be reviewed by a Vendor Analyst. **If your application is approved**, you will receive an e-mail requesting that you sign your form electronically (Adobe Sign). In your e-mail, **click the link that says, “Click here to review and sign the LIC 9141.”**



Adobe Sign

VENDOR APPLICATION/RENEWAL
ADMINISTRATOR CERTIFICATION PROGRAM

Instructions: To become or to renew vendorship for a program (AMP, GH, RCPE, or STCTP), submit this completed application and a check or money order for the applicable processing fee to CDS&L, ACS, 744 9th Street, MD 9-14-AT, Sacramento, CA 95814. Submit a separate vendor application and check or money order for each type of vendorship (RCPE or STCTP).

(1) Type of Application (Check one box only. If processing, provide vendor number and expiration date, and attach LIC 9141 if necessary.)

☒ New ☐ Renewal Vendor # _____ Expires _____ LIC 9141 attached? ☐ Yes ☐ No

(2) Type of Program? (Check one box only. If applying for more than one certificate, submit separate application for each.)

☐ AMP (Adult Residential Facility) ☐ GH (Group Home) ☒ RCPE (Residential Care Facility for the Elderly) ☐ STCTP (Short Term Residential Therapeutic Program)

(3) Type of Vendor? (Check one box only. If applying for both types, submit separate applications.)

☐ RCPE (Initial Certification Training Program) Vendor (B150 Fee) ☐ STCTP (Continuing Education Training Program) Vendor (B150 Fee)

(4) Applicant Information (Please print):

Organization/Vendor Business Name: _____ Test Vendor 1

Address (Street Address, City, State, Zip): _____ 12345 98767 CA 95678

Authorized Representative/Contact Person (Name): _____

Business Phone Number: (708) 123-4567 Fax: _____ E-mail: Michael.Abel@echosign.com

Company Website: _____

Company Type (Check one box):

☒ Individual ☐ University, College or School ☐ Provider Association

☐ Partnership ☐ Non-Profit Organization ☐ Corporation

☐ Government Agency ☐ Other _____

List each individual authorized representative/contact person (e.g., partner, Executive Director, policy board members) and their titles. (Each person listed in this section must complete and sign Section 1 of this form. Check page 2 of all vendors.)

Name	Organization	Signature	Notary Seal/Signature

(5) Applicant Certification: I declare that the foregoing information is true and correct to the best of my knowledge.

Signature of Authorized Representative: _____ Printed Name of Authorized Representative: _____

Title: _____ Test Representative 1: _____

Signature: _____ Title: _____

DO NOT WRITE BELOW THIS LINE

Application/Fee has been ☒ approved ☐ disapproved by: _____ Title: _____

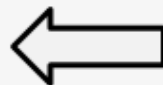
Signature/Date: _____ Signature/Date: _____

Signature/Vendor Number: _____ Signature/Date: _____

Signature/Date: _____ Signature/Date: _____

ThinkSmart Test Account
Has Sent You LIC 9141 to
Sign

Click here to review and sign LIC 9141.



After you sign LIC 9141, all parties will receive a final PDF copy by email.

If you need to delegate this document to an authorized party for signature, please do not forward this email. Instead, [click here to delegate](#).

To ensure that you continue receiving our emails, please add echosign@echosign.com to your address book or safe list.

14. The link in the e-mail will take you to an Adobe Sign document, where the information you previously filled out will populate automatically into a digital form. You will then be prompted to sign the form electronically. **Find the yellow “START” arrow and click the designated field. Type your name** into the signature field.


Note: Your Approved Vendor Number and Expiration Date will be shown in the field below your signature.

(5) **Applicant Certification:** I declare that the information provided on this form (pages 1 and 2) and in any accompanying attachments is true and correct to the best of my knowledge.

START	Signature of Vendor/Authorized Representative * Click here to sign	Printed Name of Vendor/Authorized Representative Test
	Title Test	Date: May 14, 2018
	DO NOT WRITE BELOW THIS LINE	
Application/Renewal has been <input checked="" type="checkbox"/> approved OR <input type="checkbox"/> disapproved by: Michael Estioko		Date: 05/14/2018
Approved Vendor Number 2000999-740-2		Expiration Date: 02/03/2020

15. Once you enter your name into the signature field, the “**Click to Sign**” button will appear. **Click the button to sign the form.**

(5) **Applicant Certification:** I declare that the information provided on this form (pages 1 and 2) and in any accompanying attachments is true and correct to the best of my knowledge.

Signature of Vendor/Authorized Representative 	Printed Name of Vendor/Authorized Representative Test
Title Test	Date May 14, 2018

DO NOT WRITE BELOW THIS LINE

Application/Renewal has been <input checked="" type="checkbox"/> approved OR <input type="checkbox"/> disapproved by: Michael Estioko	Date: 05/14/2018
Approved Vendor Number 2000999-740-2	Expiration Date: 02/03/2020

I agree to the Terms of Use and Consumer Disclosure of this document



Click to Sign

- Once you have electronically signed your application, you will receive an e-mail with a copy of your application attached.



VENDOR APPLICATION/RENEWAL
ADMINISTRATOR CERTIFICATION PROGRAM

Instructions: To become or to renew vendorship for a program (AMP, GIL, RCPE, or STETSP), submit this completed application and a check or money order for the applicable processing fee to CDSIS, ACS, 744 1st Street, MS 914 AT, Sacramento, CA 95814. Submit a separate vendor application and check or money order for each type of vendorship (ICTF or CETF).

(1) Type of Application: (Check one box only. If renewing, provide vendor number and expiration date, and attach LIC 9141 if renewing courses.)
☒ New ☐ Renewal Vendor # _____ Expires _____ LIC 9141 attached? ☐ Yes ☒ No

(2) Type of Program: (Check one box only. If applying for more than one certificate, submit separate application for each.)
☐ AMP (Adult Residential Facility) ☐ GH (Group Home) ☒ RCPE (Residential Care Facility for the Elderly)
☐ STETSP (Short Term Residential Therapeutic Program)

(3) Type of Vendor: (Check one box only. If applying for both types, submit separate applications.)
☐ ICFP (Initial Certification Training Program) Vendor #100 Fee: ☐ CETF (Continuing Education Training Program) Vendor #100 Fee:

(4) Applicant Information: (Please print)
 Organization/Vendor Business Name: Test Vendor 1
 Address (Street Address, City, State, Zip): TEST TEST CA 95814
 Authorized Representative/Contact Person: (Name) _____
 Business Phone Number: (CDSIS CDS) _____ Fax: _____ E-mail: testtest@echosign.com
 Company Website: _____

Company Type: (Check one box. Provide documentation of authority to conduct business in California in e.g., certificate of status from CA Secretary of State)
☒ Individual ☐ University, College or School ☐ Provider Association
☐ Partnership ☐ Non-Profit Organization ☐ Corporation
☐ Government Agency ☐ Other _____

List each individual authorized representative/person in e.g., partner, Executive Director, and/or board members) and their titles. Each person listed in this section must complete and sign Section 5.05 of AMP or STETSP, and Section 5.06 of GH and RCPE.

Name	Signature	Signature Date

(5) Applicant Certification: 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
<u>Test Vendor 1</u>	<u>Test Representative 1</u>
Date	Date
<u>TEST</u>	<u>May 6, 2018</u>

DO NOT WRITE BELOW THIS LINE

Application/ Renewal Fee Sent <input checked="" type="checkbox"/> Payment Voucher <input type="checkbox"/> Payment by	Fee
Amount/ Fee	\$500.00
Approved Vendor Number	00000000
Approval Date	05/01/2018

05/01/2018

LIC 9141 between ThinkSmart and TEST is Signed and Filed!

From: ThinkSmart Test Account (ThinkSmart)
To: ThinkSmart Test Account and TEST

Attached is a final copy of LIC 9141.

Copies have been automatically sent to all parties to the agreement.

You can view the document in your Adobe Sign account.

Why use Adobe Sign:

- Exchange, Sign, and File Any Document. In Seconds!
- Set-up Reminders. Instantly Share Copies with Others.
- See All of Your Documents, Anytime, Anywhere.

To ensure that you continue receiving our emails, please add echosign@echosign.com to your address book or safe list.

Application Disposition E-mails

Approved Application E-mail

17. If your application is approved, you will receive a final e-mail confirming that your application was completed.



Hello Test Representative 1,

Your application has been completed and approved. The following information was recorded for this application:

Form: Vendor Application/Renewal

Type of Program: RCFE (Residential Care Facility for the Elderly)

Type of Vendor: Continuing Education Training Program (CETP) Vendor

Company Type: Individual

Authorized Representative: Test Representative 1

Email: michael.estiko@dss.ca.gov

Approved Vendor Number: 2000999-740-2

Expiration Date: 02/03/2020

The following comments were made:

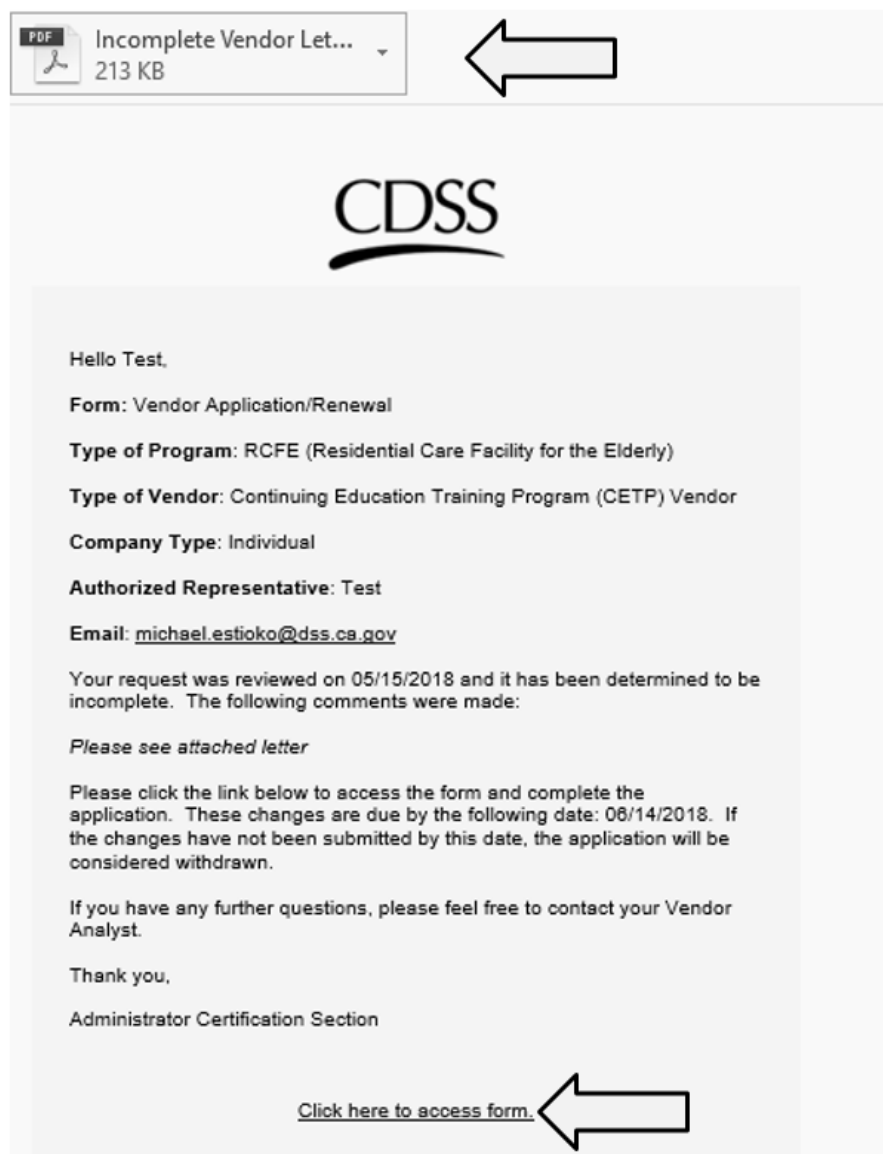
Thank you,

Administrator Certification Section

Incomplete Application E-mail

18. If your application is deemed incomplete, you will receive an e-mail with a Notice of Incomplete Application attached detailing the reason(s). **Review the notice.** Any changes requested are due within 30 days from the receipt of the Notice of Incomplete Application; the date of receipt is the date indicated on the e-mail. If ACS does not receive the requested changes within 30 days, your application will be considered withdrawn.

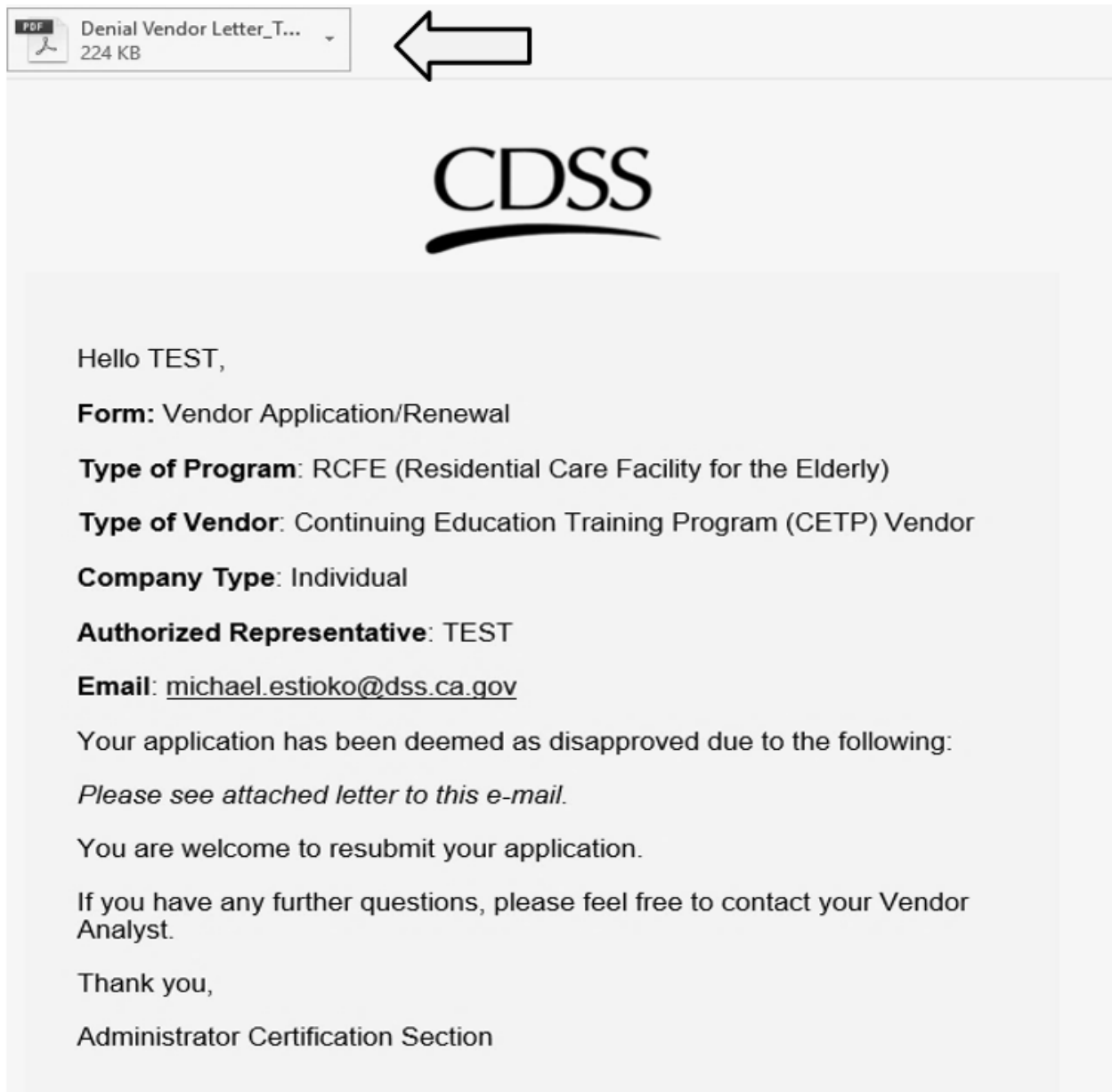
When you receive a Notice of Incomplete Application, **click the link in the e-mail.** You will be directed back to your incomplete application on the Automation Platform. **Make the requested changes and resubmit your application.**



Disapproved Application E-mail

19. If your application is disapproved, you will receive an e-mail with a Notice of Disapproved Application attached detailing the reason(s) for the denial.

When you receive a Notice of Disapproved Application, **review the notice** for guidance on the next steps to take.



LIC 9140 – Request for Course Approval

1. **Review the instructions** for the LIC 9140 – Request for Course Approval.

Please Select a Form *

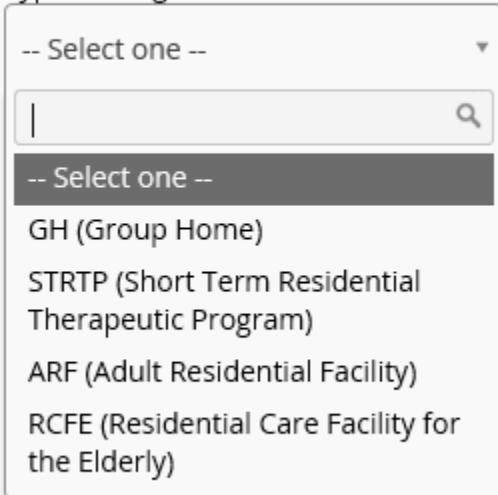
Request for Course Approval ▼

INSTRUCTIONS: At least 60 days before the planned offering of an Initial Certification Training Program (ICTP) or Continuing Education Training Program (CETP) course for facility administrators, vendors must submit this completed application. Submit a separate application for each type of program: Group Home (GH), Short Term Residential Therapeutic Program (STRTP), Adult Residential Facility (ARF), and Residential Care Facility for the Elderly (RCFE) and type of vendorship (ICTP or CETP). Incomplete submissions will result in processing delays.

2. **Select the type of program** you would like to apply for in the dropdown box.

Application Information

Type of Program *



The image shows a web form with a dropdown menu. The dropdown is open, showing a search bar at the top with a magnifying glass icon. Below the search bar is a list of options. The first option is "-- Select one --" in a dark grey bar. The other options are: "GH (Group Home)", "STRTP (Short Term Residential Therapeutic Program)", "ARF (Adult Residential Facility)", and "RCFE (Residential Care Facility for the Elderly)".

- Select one --
- GH (Group Home)
- STRTP (Short Term Residential Therapeutic Program)
- ARF (Adult Residential Facility)
- RCFE (Residential Care Facility for the Elderly)

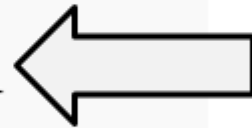
3. **Select the type of vendorship** that you would like to apply for.

Application Information

Type of Program *

Type of Vendor *

- ☐ Initial Certification Training Program (ICTP) Vendor
- ☐ Continuing Education Training Program (CETP) Vendor



4. **Enter the requested applicant information.**

Applicant Information	
Vendor Number *	
<input type="text" value="2000000-000-0"/>	
Organization/Vendor Business Name *	
<input type="text"/>	
Street Address *	City *
<small>PO Boxes are not allowed</small>	<input type="text"/>
<input type="text"/>	
State *	Zip *
<input type="text"/>	<input type="text"/>
Authorized Representative *	Title *
<input type="text" value="Name"/>	<input type="text"/>
Email *	Business Phone Number *
<input type="text"/>	<input type="text"/>
Fax	Company Website
<input type="text"/>	<input type="text"/>

5. **Complete the course information section.**

- Total Classroom Hours – courses must be in hourly increments to support Administrators in obtaining a minimum of 40 hours of continuing education course hours.
- Locations – enter all specific venues where the course will be presented.
- Links to Core of Knowledge curriculum charts are provided for your easy reference. Select an appropriate Core of Knowledge category for your course.
- If you are requesting approval of a Continuing Education Training Program course that is currently approved for another program type and you would like the course to be co-located, include the course number.

Course Information

Proposed Course Title *

Total Classroom Hours *

Course Location

Identify Format *

- ☐ Classroom
☐ Conference
☐ Online
☐ Webinar

Core of Knowledge Category *

This field is required

Links to Core of Knowledge charts:

- [Group Home \(GH\)](#)
- [Short-Term Residential Therapeutic Program \(STRTP\)](#)
- [Adult Residential Facility \(ARF\)](#)
- [Residential Care Facilities for the Elderly \(RCFE\)](#)

Is this course proposed for co-location with another CEU course? *

- ☒ Yes
☐ No

If yes, list other course number if approved, or submit additional application if not approved

6. LIC 9140 – Request for Course Approval submissions must include all of the items listed below. A link to the Sample Course Outline is provided for reference. Failure to provide the required information will result in processing delays.

Note: “Address and/or Locality(ies)” means all specific venues where the course will be presented.

Click “Select files...” to upload your course outline and required course materials.

Proposed Course Outline

Attach a document(s) including the following information. Missing items may result in delays in processing.

- Instructor(s) Qualifications
- Description of Course
- Objective(s) of Course
- Teaching Methods
- Course Content
- Method of Course Evaluation by Participants
- Method of Evaluating Participants
- Method of Verifying Active Student Participation for Course Duration
- Types of Records to be Maintained and Address Where Records are Maintained
- Address and/or Locality(ies) Where the Course Will Be Presented
- Make Up Policy (for ICTPs only)

Instructor Qualifications (Instructors must have knowledge and/or experience in the subject area to be taught and meet one of the following criteria)

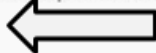
- Possession of a bachelor's or higher degree and 2 years' experience relevant to the course to be taught
- Four years' experience relevant to the course to be taught
- Be a professional, in a related field, with a valid current license to practice in California, and 2 years' related experience
- Have at least 4 years' experience in California as an administrator of a facility in substantial compliance, within the last 6 years, and verifiable training in the subject to be taught

This information is included with the course materials:

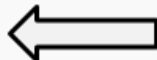
☒ Instructor Qualifications, Description of Course, Objectives of Course

Upload course outline and required course materials. Please reference checklist as identified above *

Select files...



Click here for Sample Course Outline.



7. **Enter the number of instructors** you would like for your course.

How many instructors do you have? *

8. **Complete the proposed instructor sections.** Additional fields will generate automatically according to the number of instructors you entered. Current resumes **MUST** be provided for all proposed instructors. To upload an instructor's resume, **click “Select files...”** in the section corresponding with the instructor's information.

If you answer **“Yes”** to any of the questions regarding each proposed instructor, a box will appear. You must **enter the information requested in the box**. **Click the same “Select files...” button** used to upload the instructor's resume to attach any additional documentation necessary to answer the questions.

1. Proposed Instructor

1. Name of Proposed Instructor *

1. Email

Does the individual currently hold or previously held a license, certification or other approval as a professional in a specified field (e.g., RN, NHA, LVN, CNA, HHA, etc.) *

- ☐ Yes
☐ No

Does the individual currently hold or previously held a State-issued care facility license? *

- ☐ Yes
☐ No

Is the individual currently employed or previously employed by a State-licensed care facility? *

- ☐ Yes
☐ No

Has the individual been the subject of any legal, administrative, or other action involving licensure, certification or other approvals as specified in any of the above? *

- ☐ Yes
☐ No

Upload Current Resume *

If extra space is needed

Select files...



If you have more than ten (10) proposed instructors, **click the link provided to access additional instructor form(s). Complete the form(s) and click “Select files...” to attach the form(s) to your course request.**

<p>10. Name of Proposed Instructor *</p> <div style="border: 1px solid #ccc; padding: 2px; min-height: 20px;">Test Instructor 10</div>	<p>10. Email</p> <div style="border: 1px solid #ccc; padding: 2px; min-height: 20px;"></div>
<p>Does the individual currently hold or previously held a license, certification or other approval as a professional in a specified field (e.g., RN, NHA, LVN, CNA, HHA, etc.) *</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>	
<p>Does the individual currently hold or previously held a State-issued care facility license? *</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>	
<p>Is the individual currently employed or previously employed by a State-licensed care facility? *</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>	
<p>Has the individual been the subject of any legal, administrative, or other action involving licensure, certification or other approvals as specified in any of the above? *</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>	
<p>Upload Current Resume *</p> <div style="display: flex; align-items: center;"><div style="border: 1px solid #ccc; padding: 2px 5px; background-color: #f0f0f0;">Select files...</div><div style="margin: 0 5px;">✓ Done</div><div style="font-size: 2em; margin-left: 10px;">←</div></div>	
<div style="border: 1px solid #ccc; padding: 5px;"><div style="display: flex; align-items: center;"><div style="width: 20px; height: 20px; background-color: #f0f0f0; border: 1px solid #ccc; margin-right: 5px;"></div><div><p>TEST DOCUMENT.pdf</p><p style="font-size: 0.8em;">3.20 KB</p></div><div style="margin-left: auto; text-align: right; font-size: 0.8em;">×</div></div></div>	
<p>For more than 10 instructors, download and complete this form and attach below</p> <div style="text-align: right; font-size: 3em; margin-top: 10px;">←</div>	
<p>Attach additional instructor form</p> <div style="display: flex; align-items: center;"><div style="border: 1px solid #ccc; padding: 2px 5px; background-color: #f0f0f0;">Select files...</div><div style="font-size: 2em; margin-left: 10px;">←</div></div>	

9. In the “**Assign an Analyst**” section, **if you are an existing vendor, click “Yes,” then select your Vendor Analyst** from the dropdown box. **If you are applying for a new vendorship, or if you are unsure of your assigned Vendor Analyst, click “No.”** If you click “No,” the dropdown box to select a Vendor Analyst will not display. If you do not have an assigned analyst, your application will still be received and you will be assigned an analyst.

Prior to submitting your application, you will be asked to **declare that all of the information provided in association with the vendorship application is true and correct** to the best of your knowledge. You will not be able to advance until you click this box.

Assign an Analyst

Do you have an assigned analyst? *

- ☒ Yes
☐ No

Select Analyst *

-- Select one --

☒ I declare that the foregoing information is true and correct to the best of my knowledge *

Submit

Click “Submit” to complete your application.

10. A notification confirming your submission will appear. Your request for Course Approval will be reviewed within 30 days from receipt of a complete submission.

Vendor Application

Thank you for your submission. Your request will be reviewed within 30 days from the receipt of a complete submission

11. You will receive an e-mail confirming that your application has been received.

Hello,

Your application has been received. The following information was recorded:

Form: Request for Course Approval

Type of Program: RCFE (Residential Care Facility for the Elderly)

Type of Vendor: Continuing Education Training Program (CETP) Vendor

Proposed Course Title: Test Course 1

Authorized Representative: Test Representative

Email: michael.estioko@dss.ca.gov

Thank you,

Administrator Certification Section

12. Within 30 days of submission, your application will be reviewed by a Vendor Analyst. **If your application is approved**, you will receive an e-mail requesting that you sign your form electronically (Adobe Sign). In your e-mail, **click the link that says, “Click here to review and sign the LIC 9140.”**



Adobe Sign

REQUEST FOR COURSE APPROVAL
ADMINISTRATOR CERTIFICATION PROGRAM

IMPORTANT NOTICE: An hour 60 hour before the proposed offering of an Initial Certification Training Program (ICTP) or Continuing Education Training Program (CETP) course for facility administrators, vendors must submit this completed application with a check or money order for the applicable fee to CTSO, 4225, 1st St, Suite 400, San Francisco, CA 94114. Submit a separate application and fee for each type of program: Initial Residential Facility (IRF), Group Home (GH), Short Term Residential Treatment Program (STRTP), or Residential Care Facility for the Elderly (RCFE) and type of community (CETP or ICTP). Incomplete submissions will result in processing delays.

(C) Type of Program and Vendorship
CETP

(C) Vendor Information (Please print) / Vendor Number: 0000007612
Organization/Vendor Business Name: Test Vendor 1
Address (Street Address, City, State, Zip): 7657 7657 CA 92645
Authorized Representative/Contact Person (Name):
Business Phone Number: 123 123 1234 Fax: 567 890 1234 E-mail: Michael.miller@abc.com
Proposed Course Title: 360 (60hrs)

(C) Course Information (Please print) / Course Number (if updating a previously approved course):
Total Classroom Hours: 1 (Default to be offered if approved) / Fee:
Note: Initial must be in 30-day increments.
For CETP courses, identify format: ☒ Classroom ☐ Conference ☐ Online ☐ Hybrid
Class of knowledge category: ☒ PSYCHOLOGICAL NEEDS OF THE ELDERLY
If online course or hybrid provide the necessary topic information for course review:
Is this course proposed for co-location with another CTSO course? ☐ YES ☒ NO or check ☐ list other course application included.
If yes, list the other course number, if already approved.

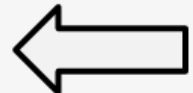
(B) Proposed Course Outline: (Attach a document including the following information. Missing items may result in delays in processing.)
☐ **Qualifications:** Include a current resume of each experience, and complete Sections 9 – 10 on page 2 of this form for each proposed experience.
☐ **Experience:** Indicate each year of knowledge and/or experience in the subject area to be taught per one of the following criteria: applicant:
☐ Possession of a bachelor's or higher degree and 2 years' experience relevant to the course to be taught, or
☐ Four years' experience relevant to the course to be taught, or
☐ Be a professional in a related field with a valid current license to practice in California, and 2 years' related experience, or
☐ Three at least 2 years' experience in California as an administrator of a facility in substantial compliance, within the last 3 years, and verifiable training in the subject to be taught.
☐ **Objectives of Course:** Identify what the student is expected to know upon completion of this course.
☐ **Learning Methods:** Explain the type of learning methods to be used.
☐ **Course Content:** Outline the course content with hour-by-hour detail, and including the proposed instructor for each segment.
☐ **Method of Course Evaluation for Participants:** Explain how participants will evaluate the course. Attach copy of proposed form if available.
☐ **Method of Evaluating Participants:** Explain how you will evaluate the participants. Attach copy of proposed post-test if applicable.
☐ **Method of Tracking Action Based Participation for Course Duration (for online courses only):**
☐ **Plans of Records to be Maintained and Address Where Records are Maintained:**
☐ **Address and/or Location(s) Where the Course Will be Provided:**
☐ **Make-Up Policy (for ICTPs only):**
Vendor Certification: I declare that the foregoing information is true and correct to the best of my knowledge.

Signature of Vendor/Authorized Representative	Actual Name of Vendor/Authorized Representative
_____ 7657	_____ Test Representative
Signature Date: 12/12/2017	Signature Date: 01/10/2018
Signature Title: 123 123 1234	Signature Title: 567 890 1234

Signature of Vendor/Authorized Representative: 123 123 1234
Signature of Vendor/Authorized Representative: 567 890 1234

ThinkSmart Test Account Has Sent You LIC-9140 to Sign

Click here to review and sign LIC-9140.



After you sign LIC-9140, all parties will receive a final PDF copy by email.

If you need to delegate this document to an authorized party for signature, please do not forward this email. Instead, click here to delegate.

To ensure that you continue receiving our emails, please add echosign@echosign.com to your address book or safe list.

13. The link in the e-mail will take you to an Adobe Sign document, where the information you previously filled out will populate automatically into a digital form. You will be prompted to sign the form electronically. **Find the yellow “START” arrow and click the designated field. Type your name** into the signature field.

Note: Your Approved Course Number and Expiration Date will be shown in the field below your signature

(5) **Vendor Certification:** I declare that the information provided on this form (Pages 1 and 2) and in any accompanying attachments is true and correct to the best of my knowledge.

Signature of Vendor/Authorized Representative *Click here to sign	Printed Name of Vendor/Authorized Representative Test Representative
Title TEST	Date May 14, 2018

DO NOT WRITE BELOW THIS LINE

Application has been <input checked="" type="checkbox"/> approved OR <input type="checkbox"/> disapproved by: Michael Estioko	Date: 05/14/2018
Approved Course Number 999-0104-12345	Expiration Date: 02/11/2020

LIC 9140 (05/18) PAGE 1 OF 2

14. Once you enter your name into the signature field, the “**Click to Sign**” button will appear. **Click the button to sign the form.**

(5) **Vendor Certification:** I declare that the information provided on this form (Pages 1 and 2) and in any accompanying attachments is true and correct to the best of my knowledge.

Signature of Vendor/Authorized Representative <i>*Test Representative</i> <small>Test Representative / (May 14, 2018)</small>	Printed Name of Vendor/Authorized Representative Test Representative
Title TEST	Date May 14, 2018

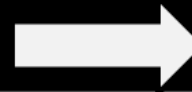
DO NOT WRITE BELOW THIS LINE

Application has been <input checked="" type="checkbox"/> approved OR <input type="checkbox"/> disapproved by: Michael Estioko	Date: 05/14/2018
Approved Course Number 999-0104-12345	Expiration Date: 02/11/2020

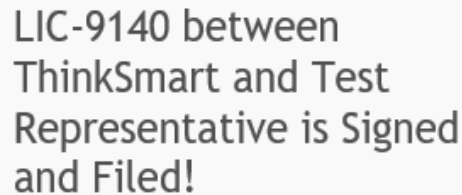
LIC 9140 (05/18)

PAGE 1 OF 2

I agree to the Terms of Use and Consumer Disclosure of this document



Click to Sign



Attached is a final copy of LIC-9140.

You can view the document in your Adobe Sign account.

- Exchange, Sign, and File Any Document. In Seconds!
- Set-up Reminders. Instantly Share Copies with Others.
- See All of Your Documents, Anytime, Anywhere.

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Application Disposition E-mails

Approved Application E-mail

16. If your application is approved, you will receive a final e-mail confirming that your application was completed.



Hello Test Representative,

Your application has been completed and approved. The following information was recorded for this application:

Form: Request for Course Approval

Type of Program: RCFE (Residential Care Facility for the Elderly)

Type of Vendor: Continuing Education Training Program (CETP) Vendor

Proposed Course Title: Test Course 1

Authorized Representative: Test Representative

Email: michael.estioko@dss.ca.gov

Approved Course Number: 999-0104-12345

Expiration Date: 02/11/2020

The following comments were made:

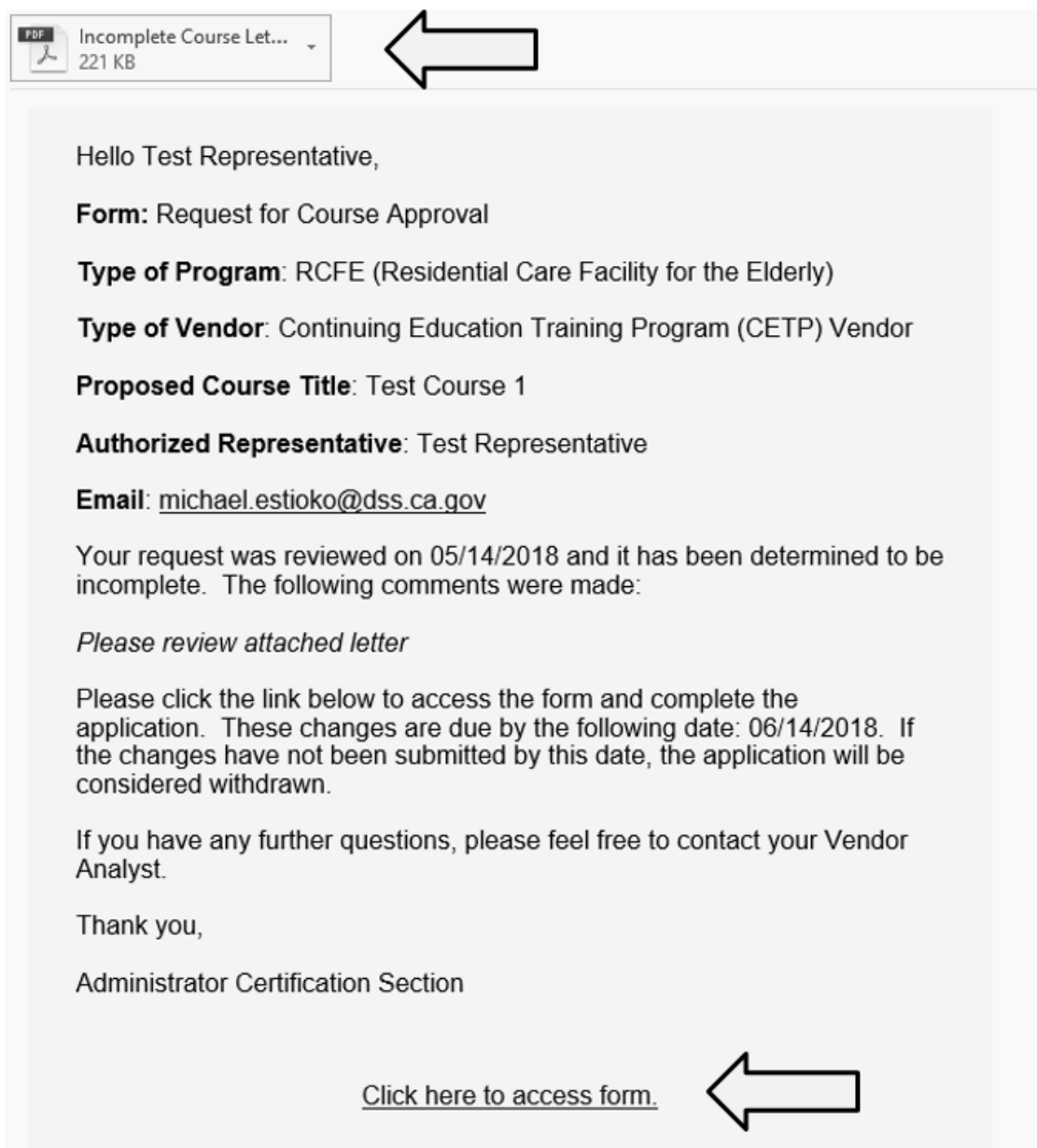
Thank you,

Administrator Certification Section

Incomplete Application E-mail

17. If your application is deemed incomplete, you will receive an e-mail with a Notice of Incomplete Application attached detailing the reason(s). **Review the notice.** Any changes requested are due within 30 days from the receipt of the Notice of Incomplete Application; the date of receipt is the date indicated on the e-mail. If ACS does not receive the requested changes within 30 days, your application will be considered withdrawn.

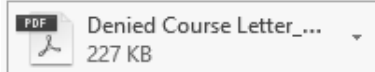
When you receive a Notice of Incomplete Application, **click the link in the e-mail.** You will be directed back to your incomplete application on the Automation Platform. **Make the requested changes and resubmit your application.**



Disapproved Application E-mail

18. If your application is disapproved, you will receive an e-mail with a Notice of Disapproved Application attached detailing the reason(s) for denial.

When you receive a Notice of Disapproved Application, **review the notice** for guidance on the next steps to take.



Hello Test Representative 1,

Form: Request for Course Approval

Type of Program: RCFE (Residential Care Facility for the Elderly)

Type of Vendor: Continuing Education Training Program (CETP) Vendor

Proposed Course Title: Test Course 1

Authorized Representative: Test Representative 1

Email: michael.estiko@dss.ca.gov

Your application has been deemed as disapproved due to the following:

Please see attached letter to this e-mail

You are welcome to resubmit your application.

If you have any further questions, please feel free to contact your Vendor Analyst.

Thank you,

Administrator Certification Section

LIC 9140A – Request to Add or Replace Instructor

1. **Review the instructions** for the LIC 9140A – Request to Add or Replace Instructor.

Please Select a Form *

Request to Add or Replace In... ▼

INSTRUCTIONS: At least 30 days before planning to add or replace an instructor for an approved course, vendors must submit this completed form and the required supporting documentation to CDSS.

2. **Select your type of vendorship.**

If you select “**Initial Certification Training Program (ICTP) Vendor**” as your type of vendorship, you will be asked to select the components of the training program that you would like the proposed instructor to teach. **Select all the components that apply. Indicate whether the proposed instructor is a certified administrator.**

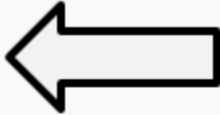
Note: A portion of your ICTP course MUST be taught by a certified administrator. See program specific regulations listed below.

Application Information

Type of Vendor *

☒ Initial Certification Training Program (ICTP) Vendor

☐ Continuing Education Training Program (CETP) Vendor



Select the component(s) of the training the instructor is qualified for and is being proposed to teach *

☐ Laws & Regs.

☐ Business Operations

☐ Management/Supervision

☐ Psych/Social Needs

☐ Community & Support Svcs.

☐ Physical Needs

☐ Medication

☐ Admission & Assessment

☐ Cultural Competency

☐ Emery. Intervention/Non Violent

☐ Safety of Foster Youth

☐ Alzheimer's & Dementia

☐ Residents' Rights

☐ Physical Environment

☐ Postural Supports, Hospice, & Restricted Health Cond.

Proposed and/or replaced instructor is/was fulfilling requirements of TITLE 22 California Code of Regulations, Sections 84090(i)(1)(A), 85090(i)(a)(1), 87785(i)(8), or 87090 (i)(1) *

☐ Yes

☐ No

3. If you select “**Continuing Education Training Program (CETP) Vendor**” as your type of vendorship, you will be asked to **enter the course title and course number.**

Note: A separate course request application MUST be completed for each CETP course.

Type of Vendor *

- ☐ Initial Certification Training Program (ICTP) Vendor
☒ Continuing Education Training Program (CETP) Vendor

Course Title *

Course Number *

000-0000-00000

Proposed and/or replaced instructor is/was fulfilling requirements of TITLE 22 California Code of Regulations, Sections 84090(i)(1)(A), 85090(i)(a)(1), 87785(i)(8), or 87090 (i)(1) *

- ☐ Yes
☐ No

4. **Enter the requested applicant information.**

Applicant Information

Vendor Number *

2000000-000-0

Organization/Vendor Business Name *

Street Address *

PO Boxes are not allowed

State *

Authorized Representative *

Name

Email *

Fax

City *

Zip *

Title *

Business Phone Number *

Company Website

5. **Select the type of application.**

If you select, “**Replace Instructor**,” you will be asked to **enter the name of the instructor you would like to be replaced.**

Click “Select files...” to attach a current course outline.

Note: You MUST provide a current course outline with your application.

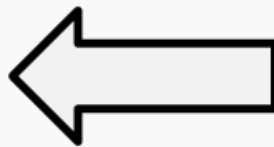
Type of Application *

- ☐ Add Instructor
- ☒ Replace Instructor

Name of Instructor to be Replaced *

Attach Current Course Outline *

Select files...



6. **Enter the proposed instructor's information. Click "Select files..."** to upload the proposed instructor's current resume.

Note: You MUST provide the proposed instructor's current resume with your application.

If you answer **"Yes"** to any of the questions regarding each proposed instructor, a box will appear. You must **enter the information requested in the box. Click the same "Select files..." button** used to upload the instructor's resume to attach any additional documentation necessary to answer the questions.

1. Proposed Instructor

1. Name of Proposed Instructor

1. Email

Does the individual currently hold or previously held a license, certification or other approval as a professional in a specified field (e.g., RN, NHA, LVN, CNA, HHA, etc.) *

- ☐ Yes
☐ No

Does the individual currently hold or previously held a State-issued care facility license? *

- ☐ Yes
☐ No

Is the individual currently employed or previously employed by a State-licensed care facility? *

- ☐ Yes
☐ No

Has the individual been the subject of any legal, administrative, or other action involving licensure, certification or other approvals as specified in any of the above? *

- ☐ Yes
☐ No

Upload Current Resume *

If extra space is needed

Select files...



7. In the “**Assign an Analyst**” section, **if you are an existing vendor, click “Yes,” then select your Vendor Analyst** from the dropdown box. **If you are unsure of your assigned Vendor Analyst, click “No.”** If you click “**No**,” the dropdown box to select a Vendor Analyst will not display. If you do not have an assigned analyst, your application will still be received and you will be assigned an analyst.

Prior to submitting your application, you will be asked to **declare that all of the information provided in association with the vendorship application is true and correct** to the best of your knowledge. You will not be able to advance until you click this box.

Assign an Analyst

Do you have an assigned analyst? *

- ☒ Yes
☐ No

Select Analyst *

-- Select one --

☒ I declare that the foregoing information is true and correct to the best of my knowledge *

Submit

Click “Submit” to complete your application.

8. A notification confirming your submission will appear. The message states, “Thank you for your submission. Your request will be reviewed within 30 days from the receipt of a complete submission.”

Vendor Application

Thank you for your submission. Your request will be reviewed within 30 days from the receipt of a complete submission

9. You will receive an e-mail confirming that your application has been received.



Hello,

Your application has been received. The following information was recorded:

Form: Request to Add or Replace Instructor

Type of Vendor: Continuing Education Training Program (CETP) Vendor

Course Title: Test Course 1

Authorized Representative: Test

Email: michael.estioko@dss.ca.gov

Thank you,

Administrator Certification Section

10. Within 30 days of your submission, your application will be reviewed by a Vendor Analyst. **If your application is approved**, you will receive an e-mail requesting that you sign your form electronically (Adobe Sign). In your e-mail, **click the link that says, “Click here to review and sign the LIC 9140A.”**



Adobe Sign

STATE OF CALIFORNIA - HEALTH CARE SERVICES DIVISION
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

REQUEST TO ADD OR REPLACE INSTRUCTOR
ADMINISTRATOR CERTIFICATION PROGRAM

INSTRUCTIONS: At least 30 days before planning to add or replace an instructor for an approved course, vendors must submit this completed form and the required supporting documentation to CCLD, ACS, Test 101 Street, W.D. 3rd fl., Sacramento, CA 95834.

(1) Type of Application: (Select applicable box(es)) ☒ Add Instructor (attach signature) ☐ Replace Instructor

(2) Vendor Information: (Please print) Vendor Number: 200009-1612

Organization/Vendor Business Name: TEST

Address (Street Address, City, State, Zip): TEST ST TEST CITY CA 95846

Authorized Representative/Contact Person (Name): _____
Business Phone Number: 209-123-4567 Fax: _____ E-mail: test@echosign.com

(3) Program Information

Type: (Check one box only) ☐ Continuing Education Training Program (CETP) ☐ Initial Certification Training Program (ICTP)

ICTP Course Title: _____ Course Number: _____

ICTP select the assignment(s) of the training the instructor is adding to and is being assigned to teach

<input checked="" type="checkbox"/> Case & Stage	<input checked="" type="checkbox"/> Community & Support Issues	<input checked="" type="checkbox"/> Culture Competency	<input checked="" type="checkbox"/> Disability Rights
<input checked="" type="checkbox"/> Business Operations	<input checked="" type="checkbox"/> Physical Needs	<input checked="" type="checkbox"/> Family Interventions/Intake	<input checked="" type="checkbox"/> Physical Environment
<input checked="" type="checkbox"/> Management/Supervision	<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Safety of Foster Youth	<input checked="" type="checkbox"/> Physical Security, Hazards, & Restricted Health Care
<input checked="" type="checkbox"/> Psych/Social Needs	<input checked="" type="checkbox"/> Admission & Assessment	<input checked="" type="checkbox"/> Adolescent's & Caregiver's	

ICTP check if ☐ represent vendor ☐ represent instructor when fulfilling requirements of 22 California Code of Regulations, Sections 91400.1(a), 91400.1(b), 91400.1(c), or 91400.1(d).

(4) Instructor Information: (Attach the proposed instructor's signature)

Name of Instructor to be Requested: TEST INSTRUCTOR Social Security Number*: _____

(5) Does the individual currently hold or previously hold a license, certification or other approval as a professional in a specified field (e.g., RN, MFT)? If yes, please list the type(s) of license(s) or certification(s) and their number(s). (Include any Administrative Approval, if any.) ☐ YES ☒ NO

(6) Does the individual currently hold or previously hold a State-issued care facility license? If yes, please list the type of license(s) and license number(s). (Include any community care facility license(s).) ☐ YES ☒ NO

(7) Is the individual currently employed or previously employed by a State-licensed care facility? If yes, please list the facility name(s) and license number(s). (Place an "X" by those where currently employed.) ☐ YES ☒ NO

(8) Has the individual been the subject of any legal, administrative, or other action involving licensure, certification or other approvals as specified in this test, and/or above? If yes, please explain and provide the details. (Include any Administrative Approval, if any. additional pages if more space is needed.) ☐ YES ☒ NO

(9) Vendor Certification: I declare that the foregoing information is true and correct to the best of my knowledge.

Signature of Vendor/Authorized Representative	TEST
Date	TEST

DO NOT WRITE BELOW THIS LINE

Approved for Vendor: ☒ Approved by: TEST Date: 10/12/2018

Signature of Vendor/Authorized Representative: _____ Date: _____

Vendor/Authorized Representative can only be added or removed by using the Vendor and Instructor Management tool on the Vendor Automation Platform. Vendor/Authorized Representative must be a California resident who is at least 18 years old, has a valid California driver's license, and is not currently under any legal, administrative, or other action involving licensure, certification or other approvals as specified in this test, and/or above. If yes, please explain and provide the details. (Include any Administrative Approval, if any. additional pages if more space is needed.)

Page 1 of 1

ThinkSmart Test Account Has Sent You 9140A to Sign

Click here to review and sign 9140A.



After you sign 9140A, all parties will receive a final PDF copy by email.

If you need to delegate this document to an authorized party for signature, please do not forward this email. Instead, [click here to delegate](#).

To ensure that you continue receiving our emails, please add echosign@echosign.com to your address book or safe list.

11. The link in the e-mail will take you to an Adobe Sign document, where the information you previously filled out will populate automatically into a digital form. You will be prompted to sign your form electronically. **Find the yellow “START” arrow and click in the designated field. Type your name into the signature field.**

(5) Vendor Certification: I declare that the foregoing information is true and correct to the best of my knowledge.

Signature of Vendor/Authorized Representative * Click here to sign	Printed Name of Vendor/Authorized Representative Test
Title Test	Date May 14, 2018

DO NOT WRITE BELOW THIS LINE

Request has been <input checked="" type="checkbox"/> approved OR <input type="checkbox"/> disapproved by: Michael Estioko	Date: 05/14/2018
--	---------------------

* Optional but requested for CDSS use only to assist in verifying identity and licensing affiliations. Federal law (at Title 5 United States Code Section 552a Note) states that: Any federal, state, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

LIC 9140A (3/17) PAGE 1 OF 1

12. Once you enter your name into the signature field, the “Click to Sign” button will appear. **Click the button to sign the form.**

(5) Vendor Certification: I declare that the foregoing information is true and correct to the best of my knowledge.

Signature of Vendor/Authorized Representative <i>Test</i>	Printed Name of Vendor/Authorized Representative Test
Title Test	Date May 14, 2018


DO NOT WRITE BELOW THIS LINE

Request has been <input checked="" type="checkbox"/> approved OR <input type="checkbox"/> disapproved by: Michael Estioko	Date: 05/14/2018
---	----------------------------

* Optional but requested for CDSS use only to assist in verifying identity and licensing affiliations. Federal law (at Title 5 United States Code Section 552a Note) states that: Any federal, state, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.


LIC 9140A (3/17) PAGE 1 OF 1

I agree to the Terms of Use and Consumer Disclosure of this document



Click to Sign

13. You will receive an e-mail with a copy of your application attached.



Adobe Sign



9140A between ThinkSmart and TEST is Signed and Filed!

From: ThinkSmart Test Account (ThinkSmart)
To: TEST and ThinkSmart Test Account

Attached is a final copy of 9140A.

Copies have been automatically sent to all parties to the agreement.

You can view the document in your Adobe Sign account.

Why use Adobe Sign:

- Exchange, Sign, and File Any Document. In Seconds!
- Set-up Reminders. Instantly Share Copies with Others.
- See All of Your Documents, Anytime, Anywhere.

To ensure that you continue receiving our emails, please add echosign@echosign.com to your address book or safe list.

Application Disposition E-mails

Approved Application E-mail

14. If your application is approved, you will receive a final e-mail confirming that your application was completed.



Hello Test,

Your application has been completed and approved. The following information was recorded for this application:

Form: Request to Add or Replace Instructor

Type of Vendor: Continuing Education Training Program (CETP) Vendor

Course Title: Test Course

Authorized Representative: Test

Email: michael.estiko@dss.ca.gov

The following comments were made:

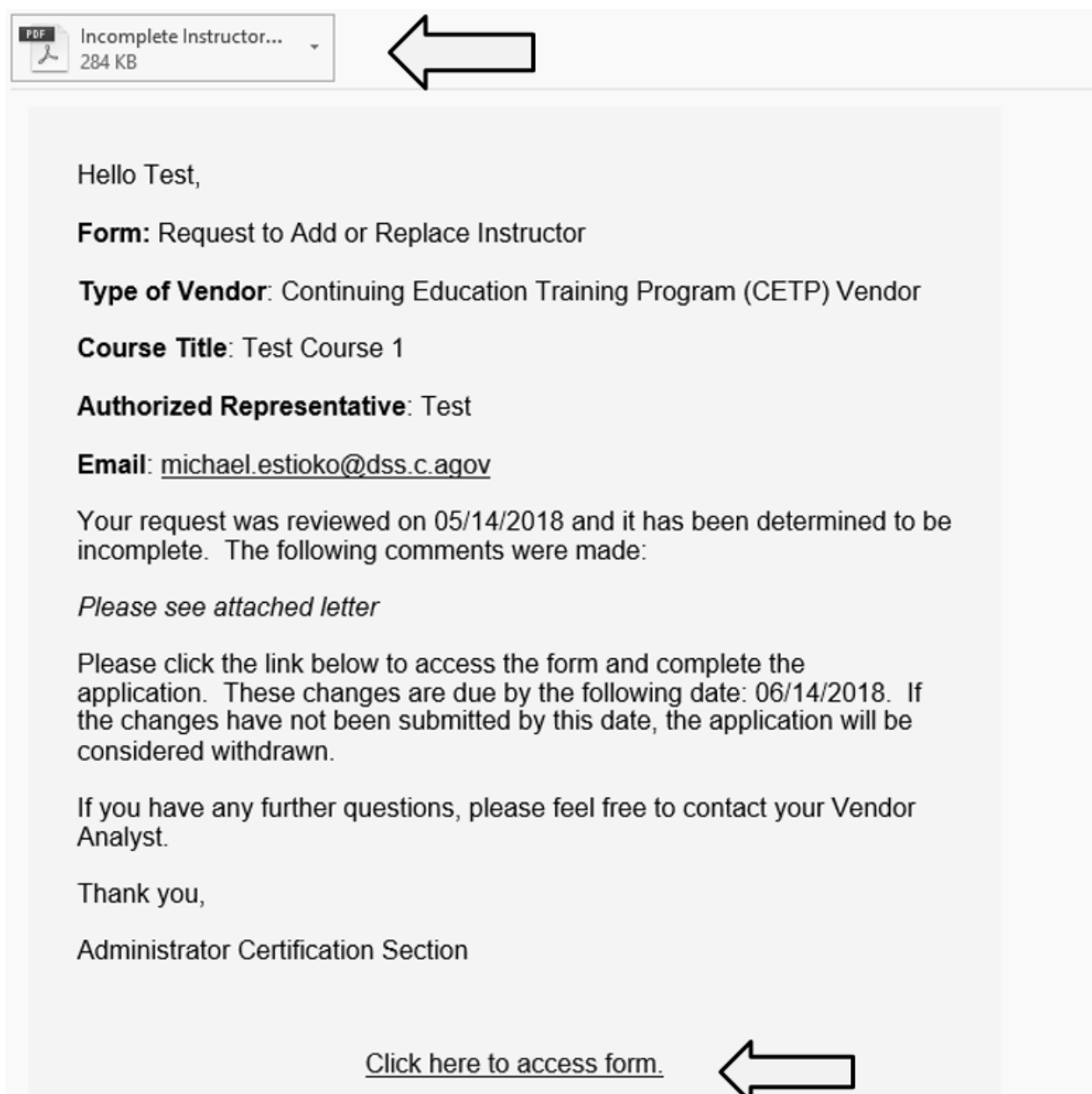
Thank you,

Administrator Certification Section

Incomplete Application E-mail

15. If your application is deemed incomplete, you will receive an e-mail with a Notice of Incomplete Application attached detailing the reason(s). **Review the notice.** Any changes requested are due within 30 days from the receipt of the Notice of Incomplete Application; the date of receipt is the date indicated on the e-mail. If ACS does not receive the requested changes within 30 days, your application will be considered withdrawn.

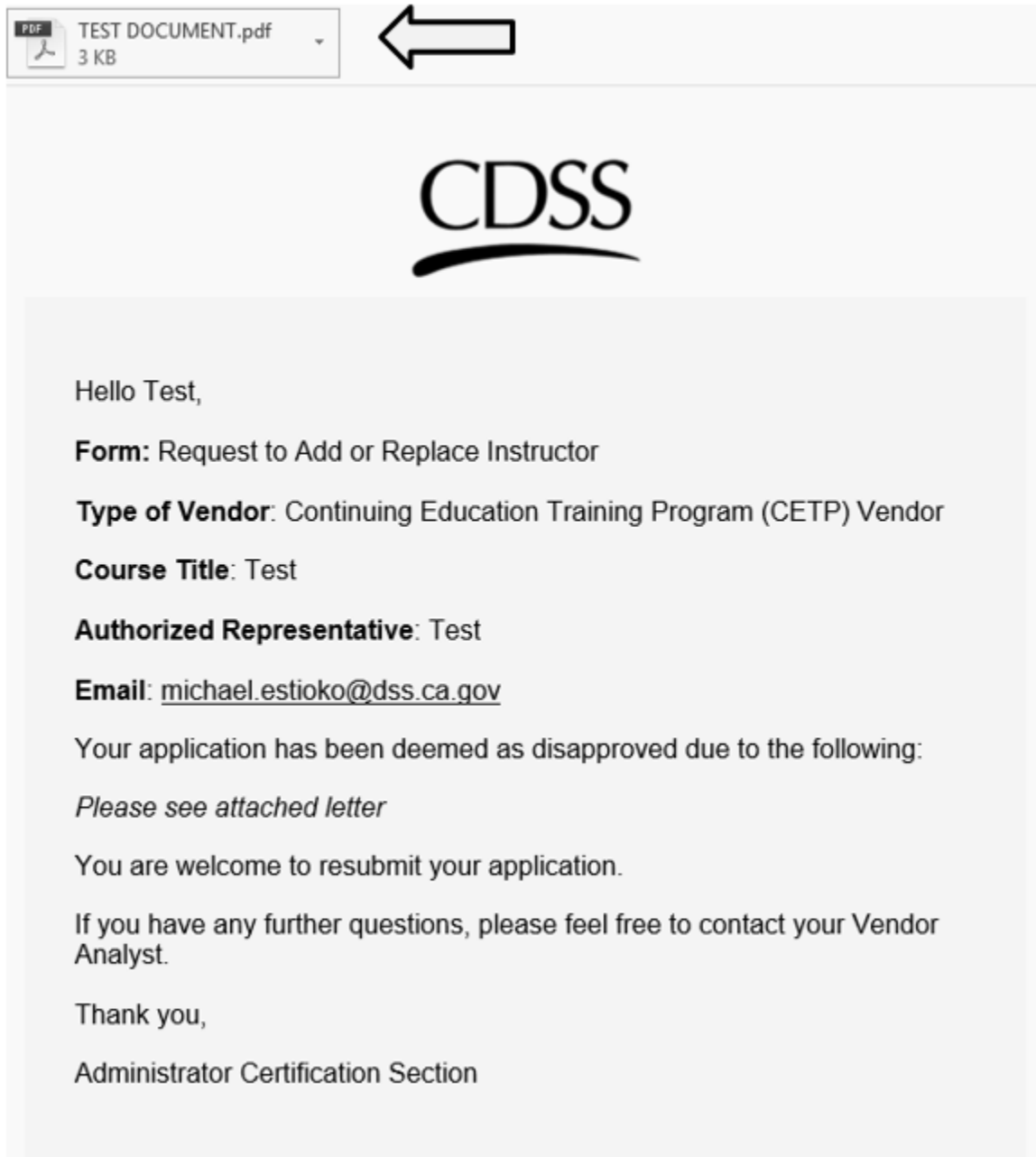
When you receive a Notice of Incomplete Application, **click the link in the e-mail.** You will be directed back to your incomplete application on the Automation Platform. **Make the requested changes and resubmit your application.**



Disapproved Application E-mail

16. If your application is disapproved, you will receive an e-mail with a Notice of Disapproved Application attached detailing the reason(s) for the denial.

When you receive a Notice of Disapproved Application, **review the notice** for guidance on the next steps to take.



LIC 9139 – Renewal of Continuing Education Course Approval

1. **Review the instructions** for the LIC 9139 – Renewal of Continuing Education Course Approval application.

Note: This form is mandatory if you are renewing your vendorship using an LIC 9141 – Vendor Application/Renewal form. The information you provide on the LIC 9141 should match exactly with the information on the LIC 9139 – Renewal of Continuing Course Approval application.

Please Select a Form *

Renewal of Continuing Educat... ▼

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) 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.

2. **Select the type of program** for the course(s) you would like to renew.

Application Information

Type of Program *

-- Select one --

|

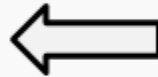
-- Select one --

GH (Group Home)

STRTP (Short Term Residential
Therapeutic Program)

ARF (Adult Residential Facility)

RCFE (Residential Care Facility for
the Elderly)



3. Enter the requested applicant information.

Applicant Information

Vendor Number *

2000000-000-0

Organization/Vendor Business Name *

Street Address *

PO Boxes are not allowed

State *

Authorized Representative *

Name

Email *

Fax

City *

Zip *

Title *

Business Phone Number *

Company Website

4. A table is provided in the course information section. **Enter the course(s)** that you would like to renew in the table. **Double-click inside a cell** to edit its contents.

Note: Only currently approved courses can be renewed.

Do not input information in the first three columns titled “FOR ACS USE ONLY.”

	A	B	C	D	E
1	FOR ACS USE ONLY			FOR VENDOR USE	
2					
	Disapproval Date	Effective Date of Approval	New Expiration Date	Course Name(s) as Currently Approved	Course Number(s) (xxx-xxxx-xxxxx)
3				Test Course 1	999-0101-11111
4				Test Course 2	999-0102-22222
5				Test Course 3	999-0103-33333
6				Test Course 4	999-0104-44444
7					
8					
9					
10					
11					
12					

5. Column F asks if the course you are renewing is co-located (also approved for another program type). Use the dropdown box in column F to **answer “Yes” or “No.”** If you answer **“Yes,”** use the dropdown box in column G to **select the co-located program type.**

	D	E	F	G
1	FOR VENDOR USE			
2			Is Course Co-Located to another program type?	Select Co-Located Program
3	Course Name(s) as Currently Approved	Course Number(s) (xxx-xxxx-xxxxx)		
4	Test Course 1	999-0101-11111	Yes	ARF
5	Test Course 2	999-0102-22222	Yes	ARF
6	Test Course 3	999-0103-33333	Yes	ARF
7	Test Course 4	999-0104-44444	Yes	ARF
8				
9				
10				
11				
12				

6. In the “**Assign an Analyst**” section, **if you are an existing vendor, select “Yes,” then select your Vendor Analyst** from the dropdown box. **If you are unsure of your assigned Vendor Analyst, click “No.”** If you click “**No**,” the dropdown box to select a Vendor Analyst will not display. If you do not have an assigned analyst, your application will still be received and you will be assigned an analyst.

Note: You MUST submit an LIC 9141 – Vendor Application/Renewal along with this form.

Prior to submitting your application, you will be asked to **declare that all of the information provided in association with your vendorship application is true and correct** to the best of your knowledge. You will not be able to advance until you click this box.

If your course renewal application is approved, please **review the effective, expiration, and course disapproval dates on the LIC 9139 – Renewal of Continuing Education courses.**

Note: Even if your Renewal of Continuing Education Courses is approved, some of the courses you requested may have been disapproved.

Assign an Analyst

Do you have an assigned analyst? *

- ☒ Yes
☐ No

Select Analyst *

-- Select one --

☒ I declare that the foregoing information is true and correct to the best of my knowledge *

Submit

Click “Submit” to complete your application.

7. A notification confirming your submission will appear. The message states, “Thank you for your submission. Your request will be reviewed within 30 days from the receipt of a completed submission.”

Vendor Application

Thank you for your submission. Your request will be reviewed within 30 days from the receipt of a complete submission

8. You will receive an e-mail confirming that your application has been received.



Hello,

Your application has been received. The following information was recorded:

Form: Renewal of Continuing Education Course Approval

Type of Program: RCFE (Residential Care Facility for the Elderly)

Authorized Representative: Test

Email: michael.estiko@dss.ca.gov

Thank you,

Administrator Certification Section

10. The link in the e-mail will take you to an Adobe Sign document, where the information you previously filled out will populate automatically into a digital form. You will be prompted to sign your form electronically. **Find the yellow “START” arrow and click in the designated field. Type your name into the signature field.**

(3) Course Information: (Please print course names and numbers in columns (A) and (B).) Reminder: this form is for current courses only.

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-xxxx)
	05/14/2018	05/13/2020	Test Course 1	999-0101-11111
	05/14/2018	05/13/2020	Test Course 2	999-0102-22222
	05/14/2018	05/13/2020	Test Course 3	999-0103-33333
05/14/2018			Test Course 4	999-0104-4444

(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.

START	Signature of Vendor/Authorized Representative *Click here to sign	Printed Name of Vendor/Authorized Representative Test
	Title	Date
	Test	May 14, 2018

11. Once you enter your name into the signature field, the “**Click to Sign**” button will appear. **Click the button to sign the form.**

(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  Test (May 14, 2018)	Printed Name of Vendor/Authorized Representative Test
Title Test	Date May 14, 2018

I agree to the Terms of Use and Consumer Disclosure of this document

Click to Sign

- Once you have electronically signed your application, you will receive an e-mail with a copy of your application attached.



RENEWAL OF CONTINUING EDUCATION COURSE APPROVAL
(COMMERCIAL CERTIFICATION PROGRAM)

Instructions: To renew an approved course that is current and accurate, vendors must submit this completed form, along with their vendor renewal application (J.C. 9141) to CCSI, ACS, 140 1st Street, 4th & 14th Streets, CA 95714 at least 60 days in advance of the course expiration. Submit a separate application for each course (see CCSI, ACS, 140 1st Street, 4th & 14th Streets, and use the form as needed to file all the courses requested for renewal. Note: If the renewal course renewal is not current and accurate, CCSI (800) 555-5555, you must submit a new course request on the J.C. 9141 form.

(1) **File of Program:** ☐ Renewal ☒ New Course ☐ Other (Specify) _____

(2) **Vendor Information:** (Please print) (Vendor Number) _____ (800) 555-5555
(Organization/Trade Business Name) _____ TEST TEST
Authorized Representative/Contact Person (Name) _____ TEST TEST
Business/Phone Number: _____ (510) 555-5555 E-mail: renewal@echosign.com

(3) **Course Information:** (Please print course names and numbers in columns (A) and (B). Resubmit this form for J.C. 9141, 9142, 9143, 9144, 9145, 9146, 9147, 9148, 9149, 9150, 9151, 9152, 9153, 9154, 9155, 9156, 9157, 9158, 9159, 9160, 9161, 9162, 9163, 9164, 9165, 9166, 9167, 9168, 9169, 9170, 9171, 9172, 9173, 9174, 9175, 9176, 9177, 9178, 9179, 9180, 9181, 9182, 9183, 9184, 9185, 9186, 9187, 9188, 9189, 9190, 9191, 9192, 9193, 9194, 9195, 9196, 9197, 9198, 9199, 9200, 9201, 9202, 9203, 9204, 9205, 9206, 9207, 9208, 9209, 9210, 9211, 9212, 9213, 9214, 9215, 9216, 9217, 9218, 9219, 9220, 9221, 9222, 9223, 9224, 9225, 9226, 9227, 9228, 9229, 9230, 9231, 9232, 9233, 9234, 9235, 9236, 9237, 9238, 9239, 9240, 9241, 9242, 9243, 9244, 9245, 9246, 9247, 9248, 9249, 9250, 9251, 9252, 9253, 9254, 9255, 9256, 9257, 9258, 9259, 9260, 9261, 9262, 9263, 9264, 9265, 9266, 9267, 9268, 9269, 9270, 9271, 9272, 9273, 9274, 9275, 9276, 9277, 9278, 9279, 9280, 9281, 9282, 9283, 9284, 9285, 9286, 9287, 9288, 9289, 9290, 9291, 9292, 9293, 9294, 9295, 9296, 9297, 9298, 9299, 9300, 9301, 9302, 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9967, 9968, 9969, 9970, 9971, 9972, 9973, 9974, 9975, 9976, 9977, 9978, 9979, 9980, 9981, 9982, 9983, 9984, 9985, 9986, 9987, 9988, 9989, 9990, 9991, 9992, 9993, 9994, 9995, 9996, 9997, 9998, 9999, 10000)

(4) **Vendor Certification:** We are requesting to renew and continue offering the course(s) listed above. We declare that the course content, objectives, and instructions are the same as currently approved, and that the course is relevant and accurate. I understand any changes in the course content, objectives or instructions will be submitted as required by CCSI.

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

Signature of Authorized Representative: _____ Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____

9139 between ThinkSmart and TEST is Signed and Filed!

From: ThinkSmart Test Account (ThinkSmart)
To: TEST and ThinkSmart Test Account

Attached is a final copy of 9139.

Copies have been automatically sent to all parties to the agreement.

You can view the document in your Adobe Sign account.

Why use Adobe Sign:

- Exchange, Sign, and File Any Document. In Seconds!
- Set-up Reminders. Instantly Share Copies with Others.
- See All of Your Documents, Anytime, Anywhere.

To ensure that you continue receiving our emails, please add echosign@echosign.com to your address book or safe list.

Application Disposition E-mails

Approved Application E-mail

13. If your application is approved, you will receive a final e-mail confirming that your application was completed.



Hello TEST,

Your application has been completed and approved. The following information was recorded for this application:

Form: Renewal of Continuing Education Course Approval

Type of Program: RCFE (Residential Care Facility for the Elderly)

Authorized Representative: TEST

Email: michael.estiko@dss.ca.gov

The following comments were made:

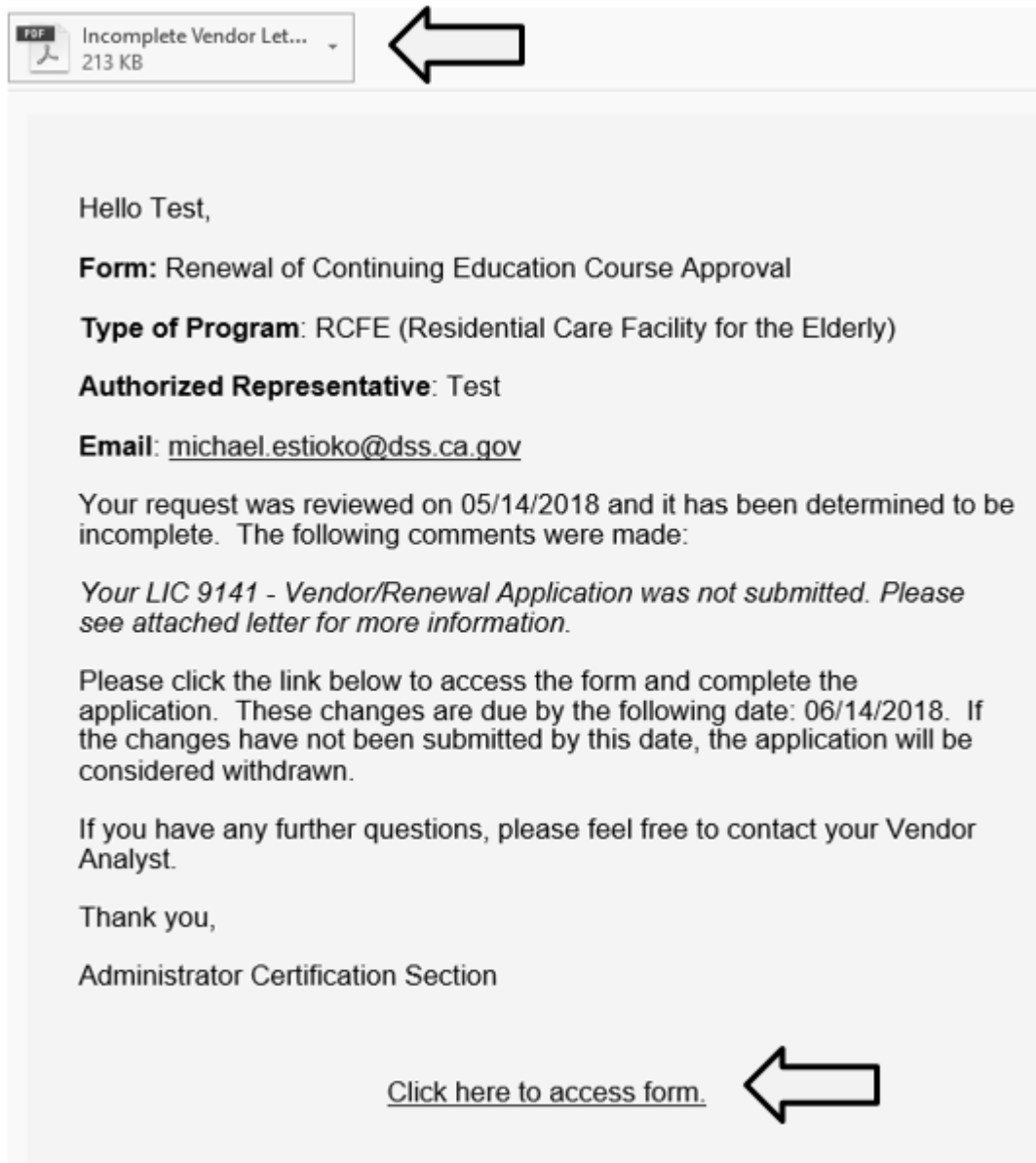
Thank you,

Administrator Certification Section

Notice of Incomplete Application

14. If your application is deemed incomplete, you will receive an e-mail with a Notice of Incomplete Application attached detailing the reason(s). **Review the notice.** Any changes requested are due within 30 days from the receipt of the Notice of Incomplete Application; the date of receipt is the date indicated on the e-mail. If ACS does not receive the requested changes within 30 days, your application will be considered withdrawn.

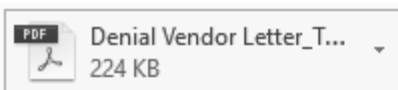
When you receive a Notice of Incomplete Application, **click the link in the e-mail.** You will be directed back to your incomplete application on the Automation Platform. **Make the requested changes and resubmit your application.**



Notice of Disapproved Application

15. If your application is disapproved, you will receive an e-mail with a Notice of Disapproved Application attached detailing the reason(s) for the denial.

When you receive a Notice of Disapproved Application, **review the notice** for guidance on the next steps to take.



Hello Test,

Form: Renewal of Continuing Education Course Approval

Type of Program: RCFE (Residential Care Facility for the Elderly)

Authorized Representative: Test

Email: michael.estiko@dss.ca.gov

Your application has been deemed as disapproved due to the following:

Course content must be updated. Please submit courses as a new Request for Course Approval. See attached letter for more details

You are welcome to resubmit your application.

If you have any further questions, please feel free to contact your Vendor Analyst.

Thank you,

Administrator Certification Section

Completing Other Vendorship Related Forms

LIC 9142A – Roster of Participants

1. **Review the instructions** for the LIC 9142A – Roster of Participants.



The screenshot shows a web form interface. At the top, there is a label "Please Select a Form *" above a dropdown menu. The dropdown menu currently displays "Roster of Participants Upload" with a downward arrow. Below the dropdown, there is a section titled "INSTRUCTIONS:" followed by the text: "Upon ACS request, vendors must submit a copy of the complete roster of participants. For ICTPs, have a separate roster for each day. Keep the originals for your files."

2. **Select the type of program** for your vendorship.

Application Information

Type of Program *

-- Select one --

|

Q

-- Select one --

GH (Group Home)

STRTP (Short Term Residential
Therapeutic Program)

ARF (Adult Residential Facility)

RCFE (Residential Care Facility for
the Elderly)

3. **Select the type of vendorship and enter your vendor number.**

Type of Vendor *

- ☐ Initial Certification Training Program (ICTP) Vendor
- ☐ Continuing Education Training Program (CETP) Vendor

Vendor Number *

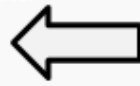
2000000-000-0

4. **Enter the requested roster information. Click “Select files...” to upload a copy of your Roster of Participants.**

Note: There should only be one program type and one approved course per roster. A separate roster MUST be submitted for each program type if the course is co-located.

Roster Information

Organization/Vendor Business Name *	Vendor Number *
<input type="text"/>	<input type="text" value="2000000-000-0"/>
Course Title *	Date *
<input type="text"/>	<input type="text" value="05/16/2018"/>
Location *	Instructor Name(s) *
<input type="text"/>	<input type="text"/>
Course Number *	Upload Participant Roster *
<input type="text" value="000-0000-00000"/>	<input type="button" value="Select files..."/>
Total Number of Roster Pages Enclosed *	
<input type="text"/>	



5. In the “**Assign an Analyst**” section, **if you are an existing vendor, click “Yes,” then select your Vendor Analyst** from the dropdown box. **If you are unsure of your assigned Vendor Analyst, click “No.”** If you click “**No**,” the dropdown box to select a Vendor Analyst will not display. If you do not have an assigned analyst, your application will still be received and you will be assigned an analyst.

Prior to submitting your roster, you will be asked to **declare that all of the information provided in association with the Roster of Participants is true and correct** to the best of your knowledge. You will not be able to advance until you click this box.

Assign an Analyst

Do you have an assigned analyst? *

- ☒ Yes
☐ No

Select Analyst *

-- Select one -- ▼

☒ I declare that the foregoing information is true and correct to the best of my knowledge *

Submit

6. A notification confirming your submission will appear.

Vendor Application

Thank you for your submission. Your request will be reviewed within 30 days from the receipt of a complete submission

7. You will receive an e-mail confirming that your document has been received.



Hello,

Your form has been received. The following information was recorded:

Form: Roster of Participants Upload

Type of Program: RCFE (Residential Care Facility for the Elderly)

Type of Vendor: Continuing Education Training Program (CETP) Vendor

Organization/Vendor Business Name: Test

Course Title: Test

Thank you,

Administrator Certification Section

Vendor Course Notification Form

1. **Review the instructions** for the Vendor Course Notification Form.

INSTRUCTIONS: California Code of Regulations Title 22, Sections 84090(i)(6) 87090 (i)(6), 85090(i)(6) and 87785(i)(6), require that Vendors submit to the Department's Administrator Certification Section a schedule for, at least, the next calendar quarter, specifying the subject title, approved course number, classroom hours, proposed dates, time, duration, location, and instructor(s) for future program/component.

Vendors or authorized representatives are to complete and submit this form to the Administrator Certification Section no later than the quarterly dates identified below:

Q1 – January 01, 2018

Q2 – April 01, 2018

Q3 – July 01, 2018

Q4 – October 01, 2018

Note: Specific course location must be identified for each course including any course offering that is outside of the state of California. An audio-visual recording must be available and maintained for all courses offered outside of California.

A separate Vendor Course Notification Form and Schedule must be submitted for each approved program type.

2. **Enter the requested applicant information. Select the correct quarter and year in the dropdown box.**

Applicant Information

Vendor Number *

2000000-000-0

Organization/Vendor Business Name *

Street Address *

PO Boxes are not allowed

City *

State *

Zip *

Authorized Representative *

Name

Title *

Email *


Business Phone Number *

Fax

Company Website

Quarter/Year *

-- Select one --



3. **Indicate whether you will be providing courses for the upcoming quarter.** If you select “**I will be providing courses/instruction during the quarters checked above,**” a “**Select files...**” button will appear. **Click “Select files..” to upload your course schedule.** You **MUST** upload a course schedule in order to proceed.

California Code of Regulations Title 22, Sections 84090(i)(6) 87090 (i)(6), 85090(i)(6) and 87785(i)(6), require that Vendors submit to the Department's Administrator Certification Section a schedule for, at least, the next calendar quarter, specifying the subject title, approved course number, classroom hours, proposed dates, time, duration, location, and instructor(s) for future program/component.

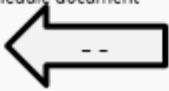
Please select one of the following options:

☐ I will not be providing any course instruction during the period checked above

☒ I will be providing courses/instruction during the quarters checked above. I have attached a list of approved courses indicating date, time, location and instructor

Please upload course schedule document *

Select files...



4. In the “**Assign an Analyst**” section, **if you are an existing vendor, click “Yes,”** then **select your Vendor Analyst** from the dropdown box. **If you are unsure of your assigned Vendor Analyst, click “No.”** If you click “**No**,” the dropdown box to select a Vendor Analyst will not display. If you do not have an assigned analyst, your form will still be received and you will be assigned an analyst.

Prior to submitting your form, you will be asked to **declare that all of the information provided in association with the Vendor Course Notification Form is true and correct** to the best of your knowledge. You will not be able to advance until you click this box.

Note: If there are any changes to the schedule you are submitting, you MUST alert your Vendor Analyst to the changes. This includes any last minute additions, cancellations, or on-demand courses.

Assign an Analyst

Do you have an assigned analyst? *

- ☒ Yes
☐ No

Select Analyst *

-- Select one --

I am declaring the following information to be true and correct. Moreover, I understand that if there are any changes to the schedule I am submitting, I will alert my vendor analyst to the changes. This includes any last ☒ minute additions, cancellations, or on-demand courses. *

Submit

Click “**Submit**” to complete your form.

5. A notification confirming your submission will appear.

Vendor Application

Thank you for your submission. Your request will be reviewed within 30 days from the receipt of a complete submission

6. You will receive an e-mail confirming that your form has been received.



Hello Test,

Your form has been received. The following information was recorded:

Form: Vendor Course Notification Form

Organization/Vendor Business Name: Test

Authorized Representative: Test

Email: michael.estiko@dss.ca.gov

Thank you,

Administrator Certification Section

Frequently Asked Questions and Answers

- *Can you have multiple users for the automated system who can access the vendor profile and submit applications?*

Each vendorship can have one account. The account access information should only be shared with the vendor's approved authorized representatives. You may delegate submission responsibilities to your authorized representatives at your discretion; your vendorship will be responsible for any submissions made from your account.

- *How many authorized representatives can a vendor have who would be able to use the automated system?*

Only one account can be accessed through your registered e-mail and password. Again, it is at your discretion which authorized representatives you would like to share the account details with. You can designate as many authorized representatives as you like.

- *Can I still submit paperwork by mail?*

Paperwork will still be accepted by mail, however, we are working on transitioning the standard application procedure to the Automation Platform.

Contact Information

For any questions regarding this manual, or the Vendor Automation Platform, contact your assigned Vendor Analyst or send an e-mail to michael.estiko@dss.ca.gov.

You can also contact the Administrator Certification Section directly at:

Phone: (916) 653-9300

E-mail: Admincertinfo@dss.ca.gov