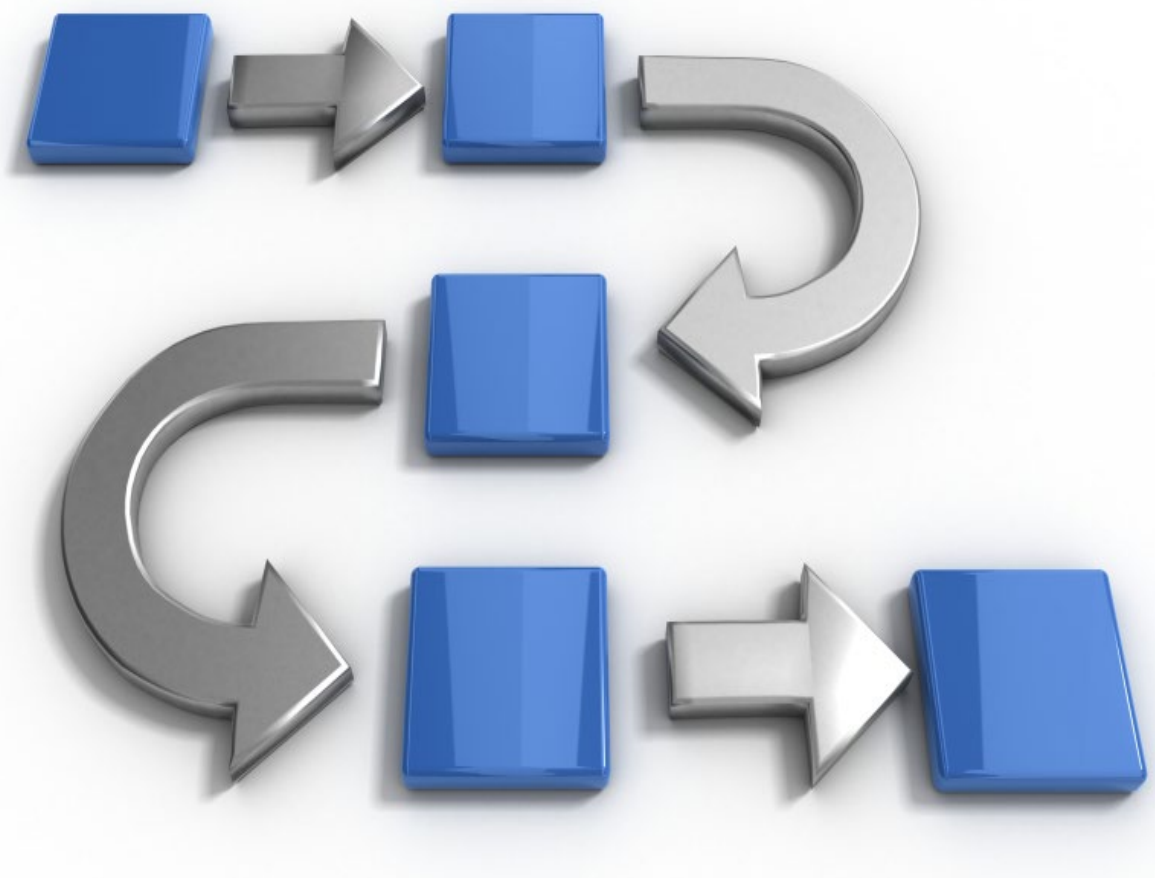


Instructional Manual for Using the Vendor Automation Platform



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

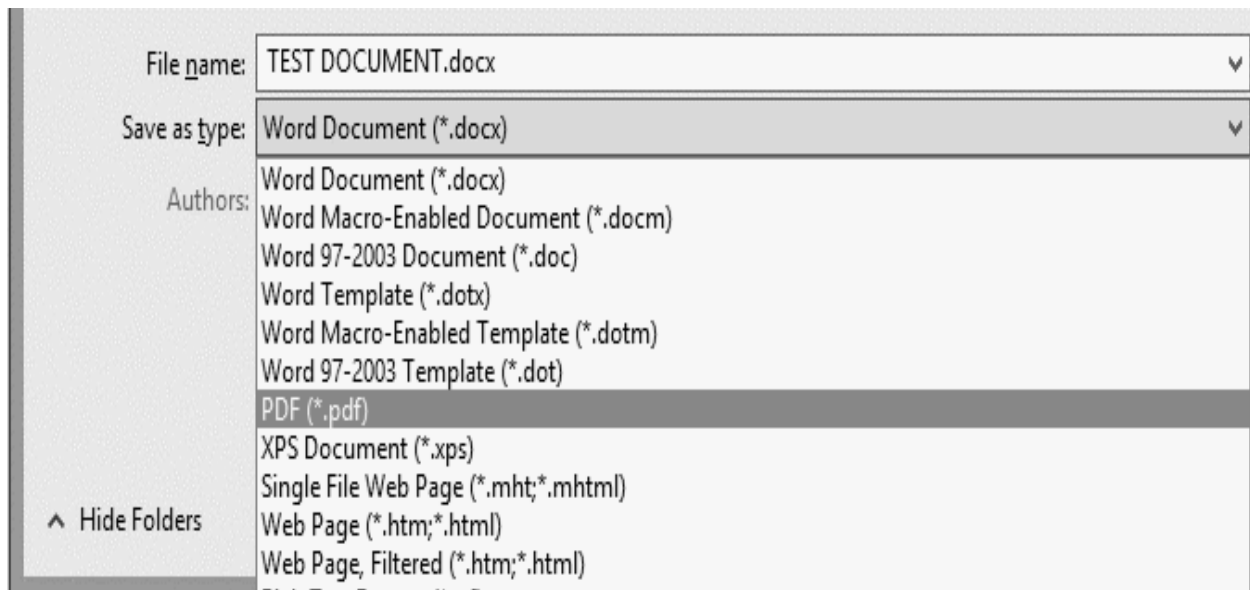
The ACS appreciates those vendors and end users who supported this project by providing helpful input to and testing of this automation platform. Thank you!

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](#) page of the Administrator Certification Section's (ACS) website.

Vendor Forms:

LIC 9141 - Vendor Application/Renewal - An individual, for profit or nonprofit business or governmental entity submits this form to request ACS approval to become a vendor and offer initial or continuing education courses for facility administrators.

LIC 9140 – Request for Course Approval - Vendors submit this request for ACS review and approval of a new or updated course.

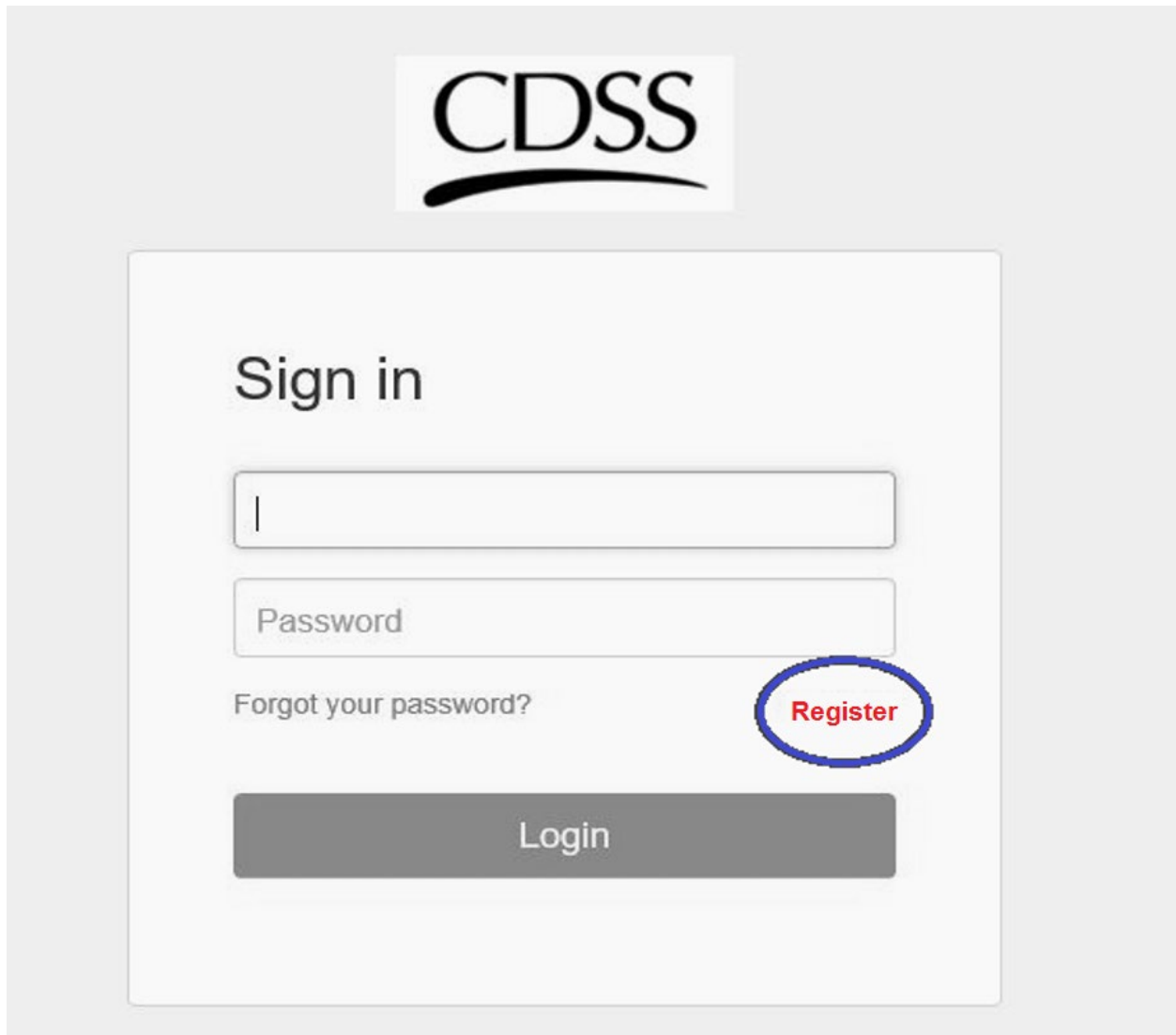
LIC 9140A - Request to Add or Replace Instructor - Vendors use this form to request ACS approval to add or replace an instructor of an approved course.

LIC 9139 – Renewal of Continuing Education Course Approval -Vendors submit this form for ACS approval to renew previously approved courses and to continue to offer these unmodified courses.

LIC 9142A- Roster of Participants - for Vendor Use Only - Vendors use this form (or another format containing at least the same information) to report to ACS names of course participants.

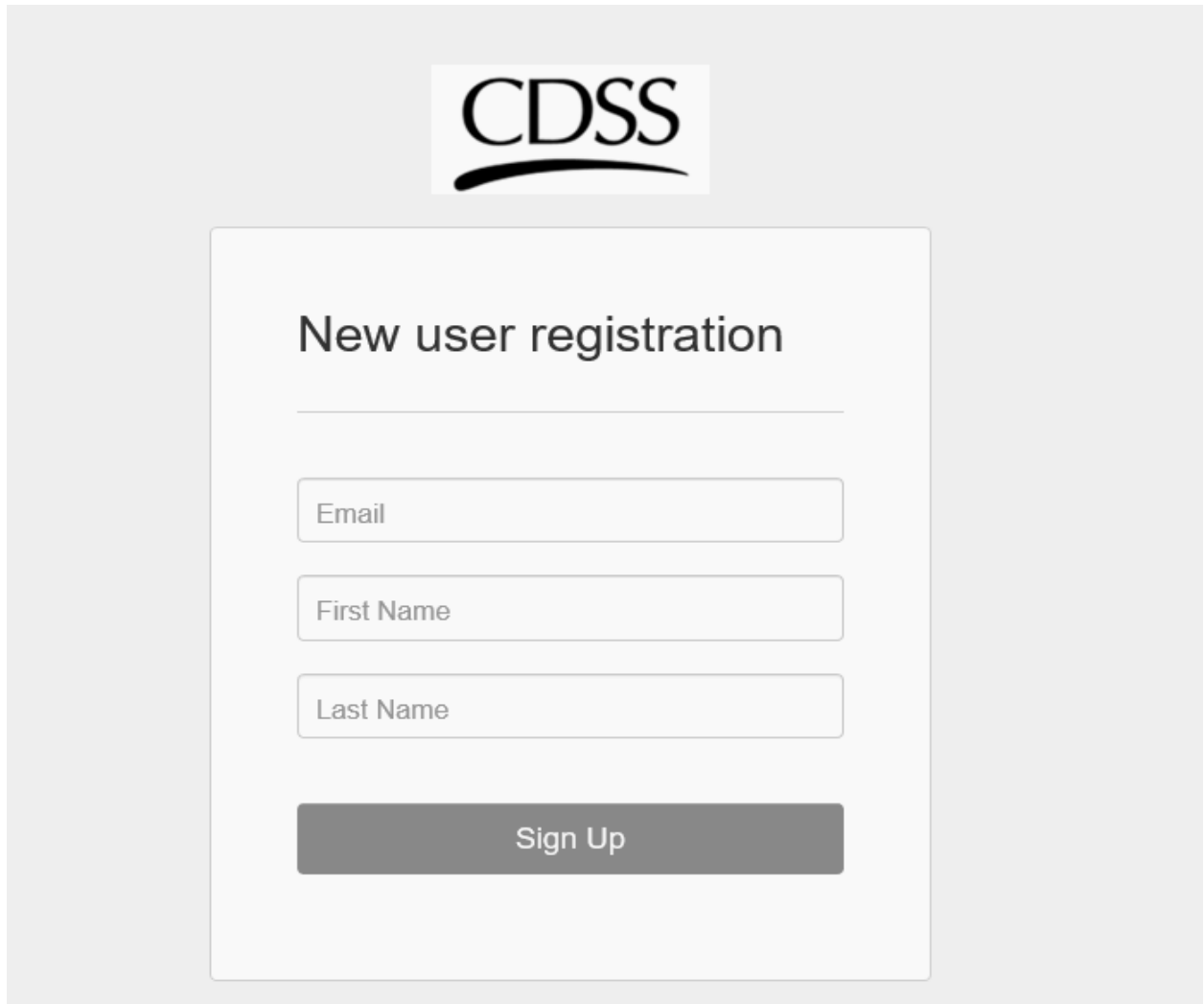
Registering and Signing in to the Platform

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



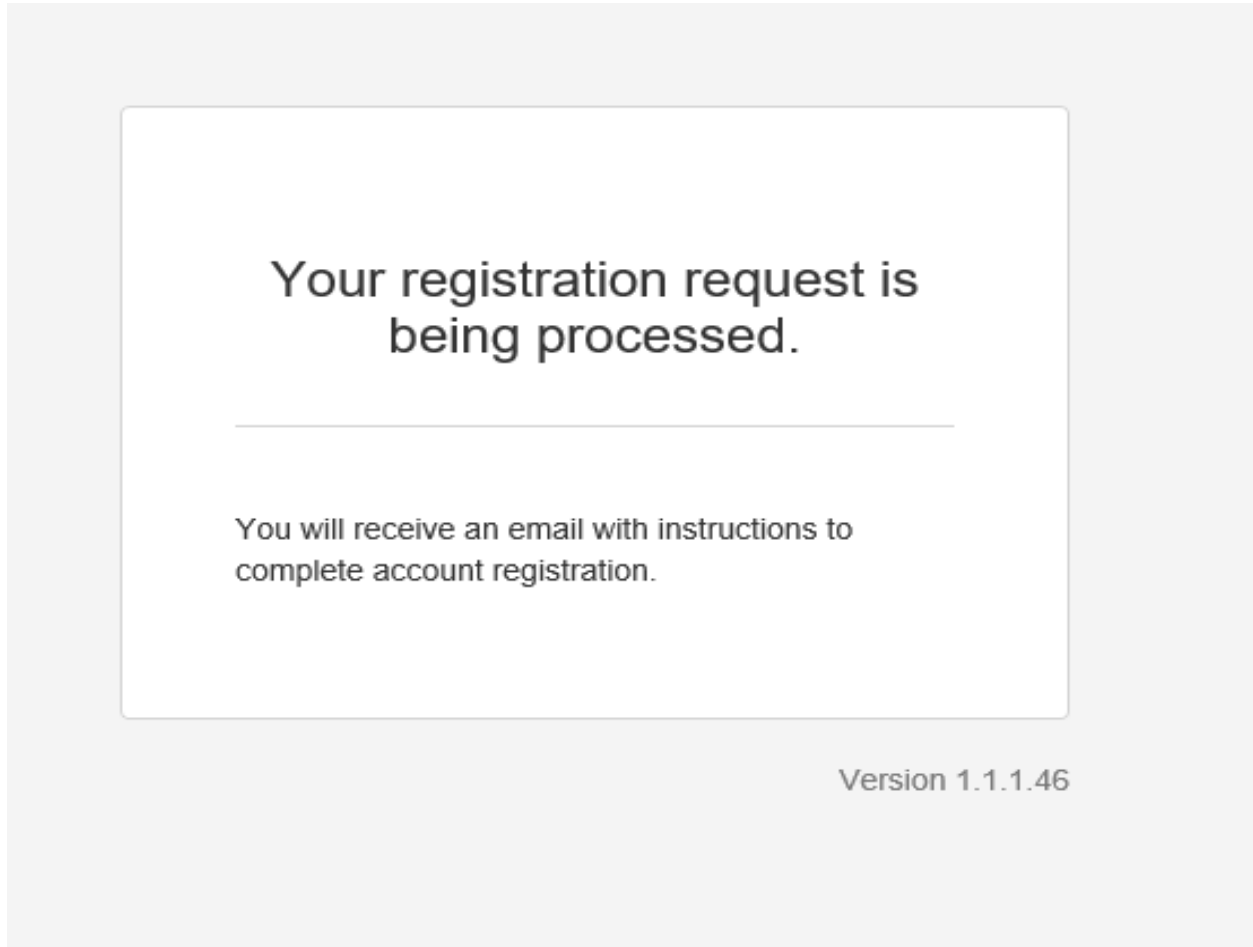
The image shows a screenshot of the CDSS (California Department of Social Services) login page. At the top center is the CDSS logo. Below it is a white box containing the text "Sign in". Underneath are two input fields: the first is empty with a vertical cursor, and the second is labeled "Password". To the left of the "Password" field is the text "Forgot your password?". To the right of the "Forgot your password?" text is a red "Register" button, which is circled in blue. At the bottom of the white box is a dark grey "Login" button.

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 registration form for CDSS. At the top center is the CDSS logo, which consists of the letters 'CDSS' in a bold, serif font with a curved line underneath. Below the logo is a white rectangular box containing the text 'New user registration'. Underneath this title is a horizontal line. There are three input fields stacked vertically: 'Email', 'First Name', and 'Last Name'. Each field is a simple rectangular box with a thin border. At the bottom of the white box is a dark grey 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.

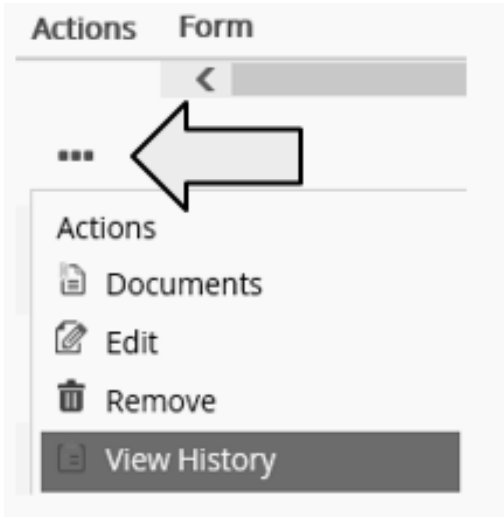
Viewing the Dashboard

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”**”.

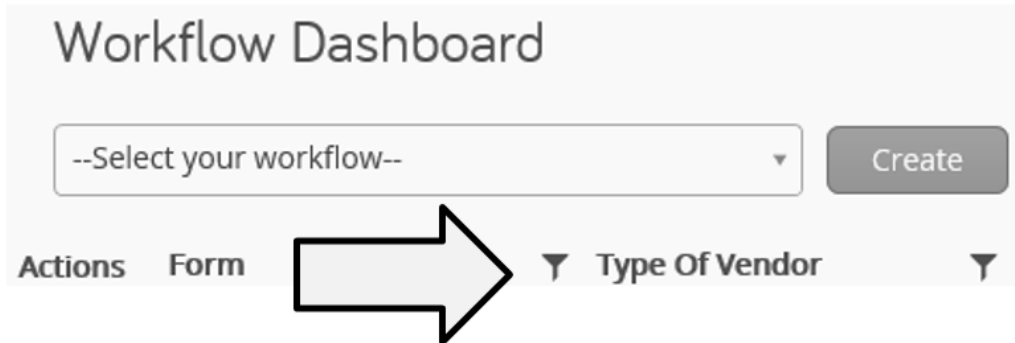


Click the “Download” icon.

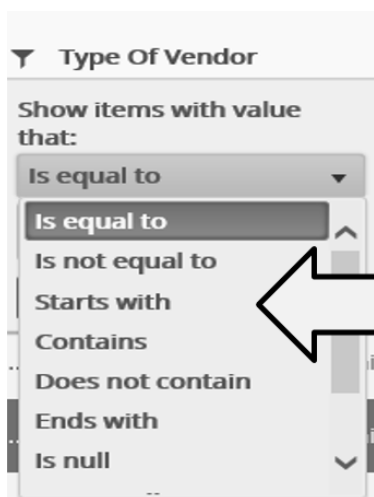


3. You can filter the submissions shown on your dashboard screen.

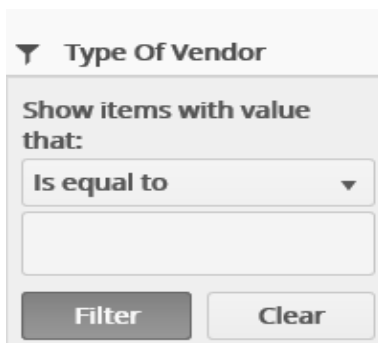
Click the filter icon next to the category you would like to use to filter your results. You can use this feature to filter by type of vendor, type of program, course title, status, or date created. A set of results can be filtered by multiple categories.



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”).

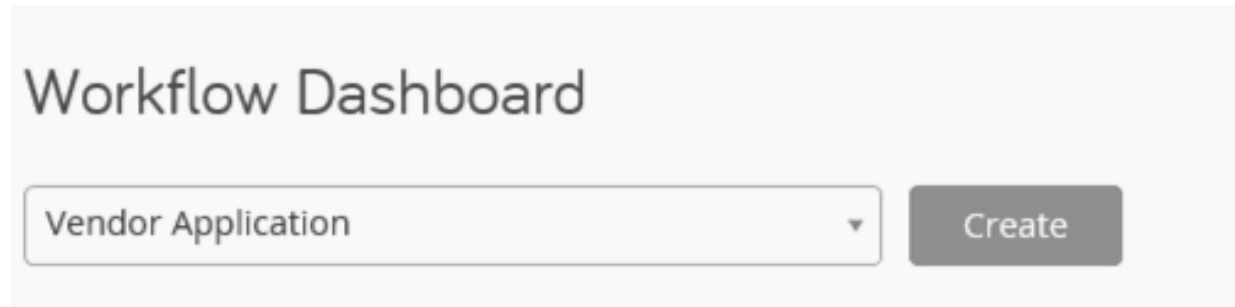


Click “Filter.” Clear your filters to restore the dashboard and view all submissions.

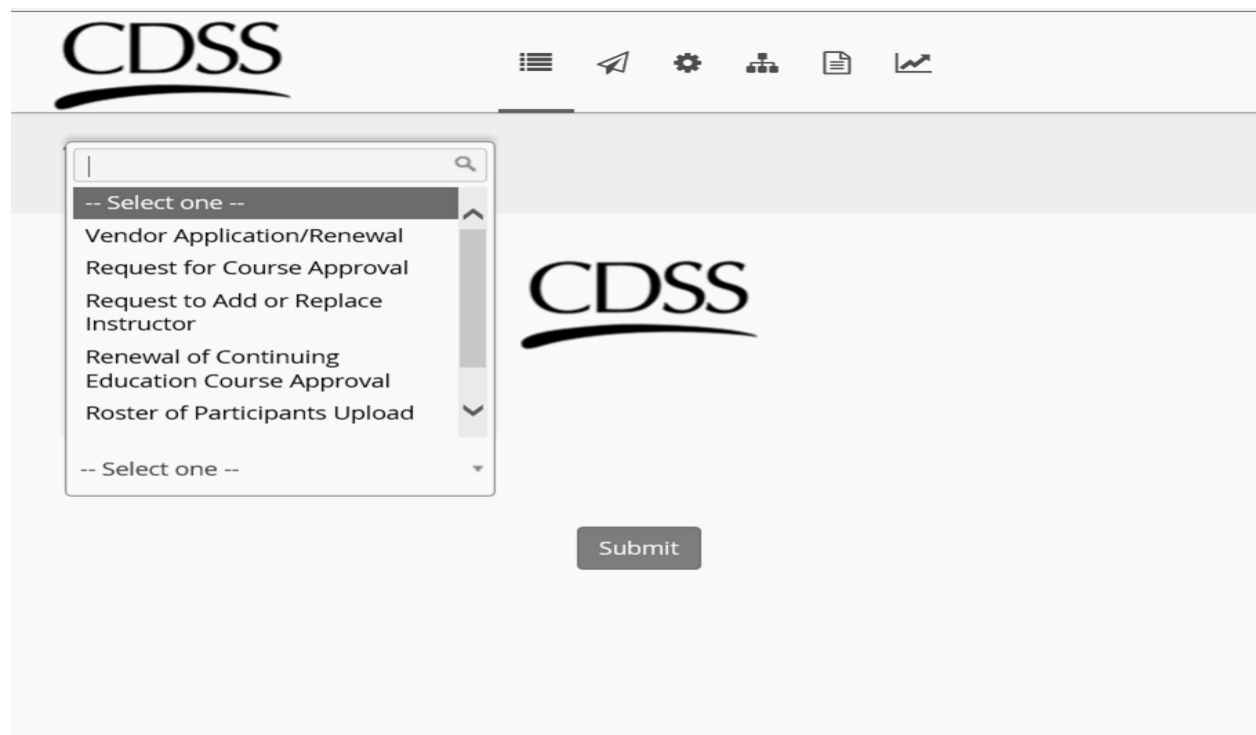


Completing the Application Process

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



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



Credit Card Payments for Fees

The Vendor Automation Platform now accepts online credit card payments for Vendor Applications and Request for Course Approval fees.

Payment

Fee Type: Course Approval

Total Fee: \$80

Payment Details *



MM	YY	Security code
----	----	---------------

Save	Back	Next
------	------	------

The payment screen is the last page before you authorize and submit your application. After entering the card information, select “Process”. This will authorize the card for payment. Once it shows “Approved”, click “Next” to continue to the last page of your submission. An application cannot be submitted unless a payment has been approved.

Please be advised, each online submission requires its own payment. Credit card payments can only be accepted for applications submitted through the Vendor Automation Platform. A confirmation e-mail detailing that your application was received and payment has been confirmed will be sent to you.

If you have any questions or need assistance with credit card payments on the Vendor Automation Platform, please contact the ACS Vendor Review and Support Unit at ACSVendorInfo@dss.ca.gov.

LIC 9141 – Vendor Application/Renewal

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

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 with an approved online payment.

Submit a separate vendor application for each type of program (Group Home, Short-Term Residential Therapeutic Program, Adult Residential Facility, Residential Care Facility for the Elderly) requested.

A non-refundable processing fee of one-hundred sixty-five dollars (\$165) is required for Initial Certification Training Program Vendor/Renewal Applications. A non-refundable processing fee of one hundred ten dollars (\$110) is required for Continuing Education Training Program Vendor/Renewal applications.

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)



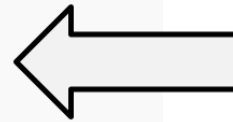
3. **Select the type of vendorship** you would like to apply for.

Application Information

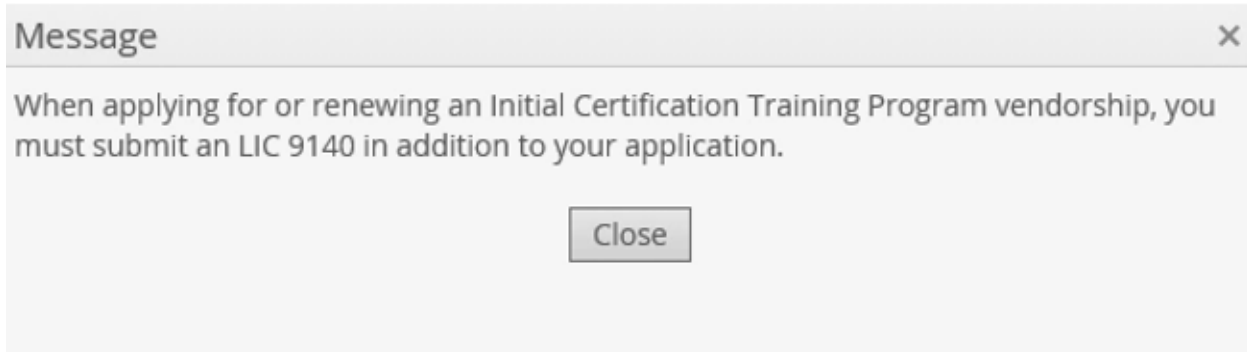
Type of Program *

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.



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.

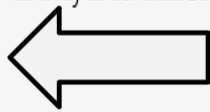
Click “Select files…” to upload your documentation.

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 *

Name

Title *

Email *

Business Phone Number *

Fax

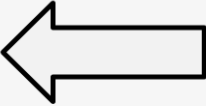
Company Website

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.

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.

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

Vendor # *	Expires *
<input type="text" value="2000000-000-0"/>	<input type="text" value="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? *

1. Name *

1. Title *

1. Email

2. Name *

2. Title *

2. Email

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

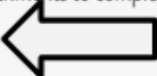
Are you currently employed or were you previously employed by a State-licensed care facility? *

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.



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.

Vendor Application - TEST

Thank you for your submission. Your application will be reviewed within 30 days.

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

Hello Test,

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

Thank you,

Administrator Certification Section

13. Within 30 days, 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 membership for a program (AMP, GFI, RCPE, or STRTP), submit this completed application and a check or money order for the applicable processing fee to CDSS, ACS, 744 'P' Street, MS 6-14-47, Sacramento, CA 95834. Submit a separate vendor application and check or money order for each type of membership (ICTP or CECP).

(1) Type of Application: (Check one box only. If renewing, provide vendor number and expiration date, and attach LIC 9141 if currently issued.)
 New Renewal Vendor #: _____ Expires: _____ LIC #141 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) GFI (Group Home) RCPE (Residential Care Facility for the Elderly)
 STRTP (Short Term Residential Therapeutic Program)

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

(4) Applicant Information: (Please print)
 Organization/Vendor Business Name: _____ Test Number: _____
 Address (Street Address, City, State, Zip): _____ TEST CA 95848
 Authorized Representative/Contact Person (Name): _____
 Business Phone Number: (707) 553-1234 Fax: _____ E-mail: michael.edwards@echosign.com
 Company Website: _____

Company Type: (Check one box. Provide documentation of authority to conduct business in California (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/contact person (e.g., partner, Executive Director, policy board members) and their title. Each person listed in this section must complete and sign Section 2 or 3 of this form. (Check one box for each.)

Name	Signature	Date

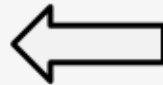
(5) Applicant Certification: I declare that the foregoing information is true and correct to the best of my knowledge.
 Signature of Authorized Representative: _____ Title: Representative 1
 Title: _____ Title: _____

DO NOT WRITE BELOW THIS LINE

Application/Process has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved by:	DATE:
Vendor Number:	EXPIRES DATE:
ISSUE NO.:	EXPIRES:

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.

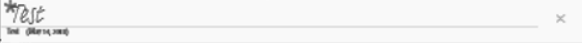
Note: Your Approved Vendor Number and Expiration Date will be shown in the field below your signature.

(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, CA, RCPE, or STREP), submit this completed application and a check or money order for the applicable processing fee to CDSIS, ACS, 7th Floor, 400 Capitol Mall, Sacramento, CA 95834. Submit a separate vendor application and check or money order for each type of vendorship (ICFP or CESTP).

(1) Type of Application (Check one box only. If renewing, provide vendor number and expiration date, and attach LIC 9141 if renewing contract.)
 New Renewal Vendor # _____ Expires _____ LIC #/ID 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) SRH (Group Home) RCPE (Residential Care Facility for the Elderly)
 STREP (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 #/ID #/Exp _____ CESTP (Continuing Education Training Program) Vendor #/ID #/Exp _____

(4) Applicant Information (Please print.)
 Organization/Vendor Business Name: Test Vendor 1
 Address (Street Address, City, State, Zip): 1234 5678 CA 95678
 Authorized Representative/Contact Person (Name): _____
 Business Phone Number: (CDSIS/CSIS) _____ Fax: _____ E-mail: test@echosign.com
 Company Website: _____

Company Type (Check one box. Provide documentation of authority to conduct business in California in a certificate of authority 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/contractor person (e.g., partner, Executive Director, and/or board members) and their titles. Each person listed in this section must complete and sign Sections 5.0, 6.0 and 7.0 of this form. (CDSIS/ACS/STREP/AMP/RCPE/STREP)

Name	Signature	DATE	IS LIC 9141 Completed?

(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>[Signature]</u>	<u>Test Representative 1</u>
Title	Title
<u>TEST</u>	<u>TEST</u>
DO NOT WRITE BELOW THIS LINE	
Application/Contract Fee has been <input checked="" type="checkbox"/> received OR <input type="checkbox"/> approved by _____	DOB
Vendor/Contract Number	Expiration Date
<u>200000-760-2</u>	<u>01/01/2028</u>

www.cdsis.ca.gov MSB 01/11

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.estioko@dss.ca.gov

Approved Vendor Number: 2000999-740-2

Expiration Date: 02/03/2020

The following comments were made:

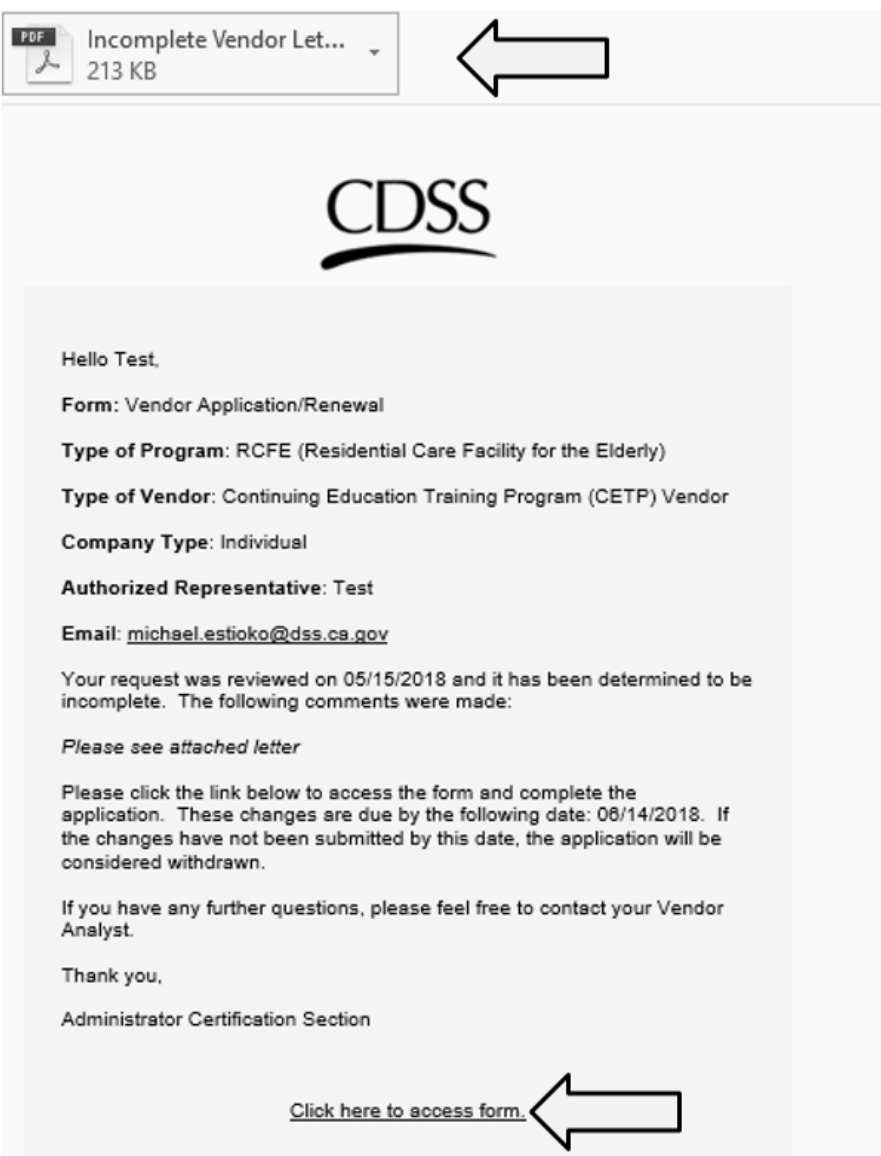
Thank you,

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.

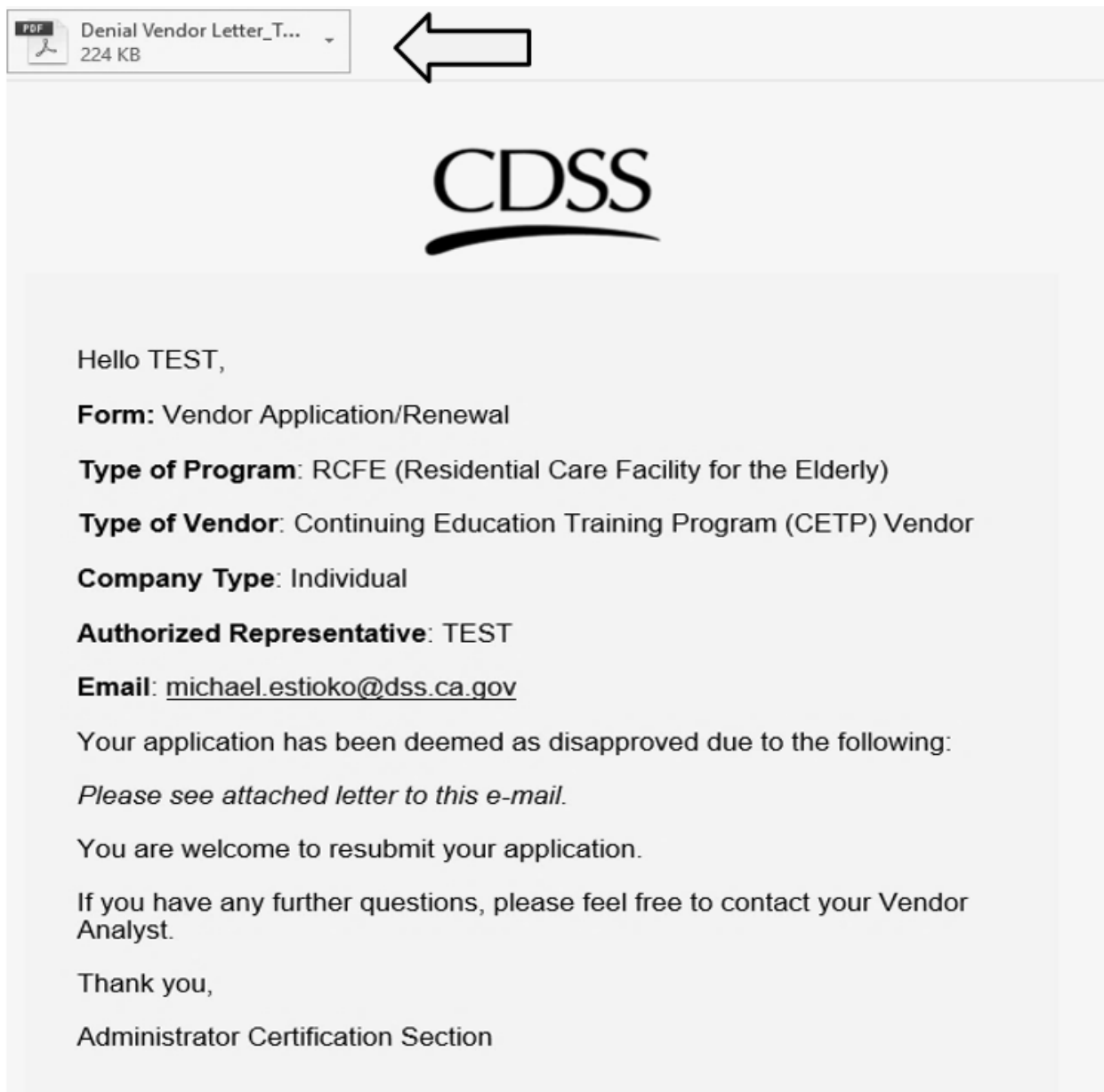
When you receive a Notice of Incomplete Application, **click the link in the e-mail.** You will be directed back to your incomplete application on the Automation Platform. **Make the requested changes and resubmit your application.**



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.



The screenshot shows an email interface. At the top left, there is a PDF attachment icon with the text "Denial Vendor Letter_T..." and "224 KB". A large black arrow points from this attachment towards the center of the page. Below the attachment, the CDSS logo is displayed. The main body of the email contains the following text:

Hello TEST,

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

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 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 online application with an approved online payment.

Submit a separate Request for Course Approval application for each type of program (Group Home, Short-Term Residential Therapeutic Program, Adult Residential Facility, Residential Care Facility for the Elderly) requested.

A non-refundable processing fee of \$10 per unit (or hour) is required for Continuing Education Training Program courses. Note: Processing fees are not required for ICTP courses.

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 --

|

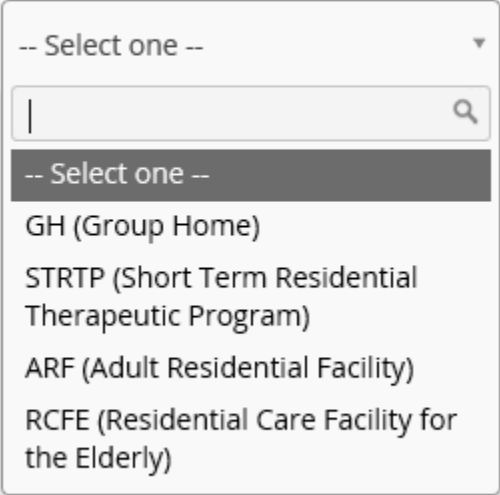
-- Select one --

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** that you would like to apply for.

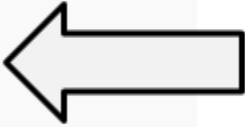
Application Information

Type of Program *

-- Select one --

Type of Vendor *

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



4. Enter the requested applicant information.

Applicant Information

Vendor Number *

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

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)

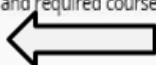
- Possession of a bachelor’s or higher degree and 2 years’ experience relevant to the course to be taught
- Four years’ experience relevant to the course to be taught
- Be a professional, in a related field, with a valid current license to practice in California, and 2 years’ related experience
- Have 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:

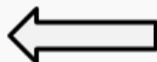
- Instructor Qualifications, Description of Course, Objectives of Course

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.

10. Name of Proposed Instructor *	10. Email
<input type="text" value="Test Instructor 10"/>	<input type="text"/>

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

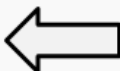
Is the individual currently employed or previously employed by a State-licensed care facility? *


Yes
 No

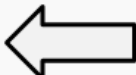
Has the individual been the subject of any legal, administrative, or other action involving licensure, certification or other approvals as specified in any of the above? *

Yes
 No

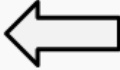
Upload Current Resume *



 TEST DOCUMENT.pdf
3.20 KB

For more than 10 instructors, download and complete this form and attach below 

Attach additional instructor form



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 *

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.

Vendor Application - TEST

Thank you for your submission. Your application will be reviewed within 30 days.

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.”**



REQUEST FOR COURSE APPROVAL
ADMINISTRATOR CERTIFICATION PROGRAM

APPLICANT NOTICE: An hour 60 must include the personal 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 CDEE, ACE, 1547 9th Street, 4th Fl., Sacramento, CA 95814. Submit a separate application and fee for the applicable program listed: Residential Family (RFP), Group Home (GH), Short-Term Residential Treatment Program (STRTP), or Residential Care Facility for the Elderly (RCFE) and sign of membership (ICFP or ICFTP). Incomplete submissions will result in processing delays.

(C) Type of Program and Vendorship
CETP

(D) Vendor Information (Please print) / Vendor Number: 2000067942
Organization/Vendor Business Name: Test Vendor 1
Address (Street Address, City, State, Zip): 7837 7837 GA 12345
Authorized Representative/Contact Person (Name):
Business Phone Number: (555) 123-1234 Fax: E-mail: michael.ach@echosign.com

(E) Course Information (Please print) / Course Number (if updating a previously approved course):
Proposed Course Title: Test Course 1
Total Classroom Hours: 1 (Default) to be offered (if known):
RMC: (Required for 1- and 4-hour courses)
For CETP courses, identify format: (Check one box) Classroom Conference Online Hybrid
Case of knowledge category: **PERSONAL NEEDS OF THE STUDENT**
If online course or hybrid provide the necessary topic information for course review:
Is this course proposed for co-location with another CDEE course? YES NO or check See other course application included.
If yes, list the other course number, if already approved.

(F) Proposed Course Outline (Attach a document including the following information. Missing items may result in delays in processing.)
 Outstanding Qualifications: Include a current resume of work experience, and complete Sections 6 - 10 on page 2 of this form for each proposed participant. Submission (attach) your knowledge and/or experience in the relevant area to be taught per one of the following criteria (check applicable):
 Possession of a bachelor's or higher degree and 2 year's experience relevant to the course to be taught, or
 4 year post-secondary experience relevant to the course to be taught, or
 Be a professional in a relevant field with a valid current license to practice in California, and 2 year's related experience, or
 Possess at least 4 year's experience in California as an administrator of a facility in substantial compliance within the last 2 years, and verifiable training in the subject to be taught.
 Employment of Course: Identify what the student's experience has been upon completion of this course.
 Teaching Methods: Explain the type of teaching 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 copies of proposed post-test if available.
 Method of Evaluating Participants: Explain how you will evaluate the participants. Attach copies of proposed post-test if available.
 Method of Tracking Actual Student Participation for Course Duration: Attach copies of proposed post-test if available.
 Types of Records to be Maintained and Address Where Records are Maintained.
 Address and/or Location(s) Where the Course Will be Provided.
 Make Us Proud for ICFTPs only.

(G) Vendor Certification (Indicate 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: Test Representative
Title: Test Representative
Date: 7/8/22
Signature of Vendor/Authorized Representative: _____
Title: Test Representative
Date: 7/8/22

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](#)

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



Adobe Sign

REQUEST FOR COURSE APPROVAL
ADMINISTRATOR CERTIFICATION PROGRAM

INSTRUCTIONS: All lic-9140s must include the personal address of an authorized representative of the business (lic-9140) or Continuing Education Training Program (CETP) course for faculty administration, vendors must submit this completed application with a check or money order for the applicable fee to: CE/CES, 2001 7th Street, 4th Fl. CA, Sacramento, CA 95814. Submit a separate application and fee for each type of program (initial, Recertification Fee (RF), Group Course (GC), Short Term Recertification Program (STRP), or Recertification Fee (RF) for the CE/CES) and type of program (CETP or CE/CES). Incomplete applications will result in processing delays.

(1) Type of Program and Number:
 CETP

(2) Vendor Information (Please print): Vendor Number: 200000-740-2
 Organization/Vendor Business Name: Test Center 1
 Address (Street Address, City, State, Zip): 7001 7001 CA 95840
 Authorized Representative/Contact Person (Name):
 Business Phone Number: (916) 524-1234 Fax: E-mail: michael.ekosign@tcs.com

(3) Course Information (Please print): Course Number (if updating a previously approved course):
 Proposed Course Title: (LIC-9140)

Total Classroom Hours: 1. Details to be (Checked if known):
 For CETP courses, identify format (Check one box): Classroom Online Other

One of knowledge categories: TECHNICAL NON-TECHNICAL

If online course or whether provide the necessary sign information for online course:
 Is this course proposed for inclusion with another CE/CES course? YES NO
 If yes, for the other course number, if already approved: or check that other course application included

(4) 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 instructor, and complete Sections 1, 2, or 3 as applicable (if the form for application)
 Professionalism: Include knowledge and/or experience in the subject area to be taught per one of the following criteria (attach applicable):
 Four year experience relevant to the course to be taught; or
 Be a professional, as related back with a valid current license in practice in California, and 2 years' related experience; or
 Have at least 4 years' experience in California as an administrator of a facility or substantial compliance, within the last 8 years, and verifiable training in the subject to be taught.
 Description of Course: Briefly summarize the course including how it relates to the business operations and/or the care of residents in the facility.
 Objectives of Course: Identify what the student is expected to know upon completion of the course.
 Teaching Methods: Explain the types of teaching 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 by Participants: Explain how participants will evaluate the course. Attach copy of proposal form if available.
 Method of Evaluating Participants: Explain how you will evaluate the participants. Attach copy of proposal form if applicable.
 Method of Verifying Actual Student Participation for Course Duration: (for online courses only)
 Copy of Records to be Retained and Where: (Records are Mandatory)
 Address and/or Location(s) Where the Course Will Be Presented.
 State to Follow the CE/CES rules.

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

Signature of Authorized Representative <i>M. Ekosign</i>	Printed Name of Authorized Representative Test Representative
Title Test	Date May 14, 2019
DO NOT WRITE OUTSIDE THESE LINES	
Application fee has been <input checked="" type="checkbox"/> deposited in <input type="checkbox"/> payment to: Michael Ekosign	Date 05/14/2019
Approved/Not Approved Michael Ekosign	Approved/Not Approved 05/14/2019

LIC-9140 between ThinkSmart and Test Representative is Signed and Filed!

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

Attached is a final copy of LIC-9140.

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

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.estiko@dss.ca.gov

Approved Course Number: 999-0104-12345

Expiration Date: 02/11/2020

The following comments were made:

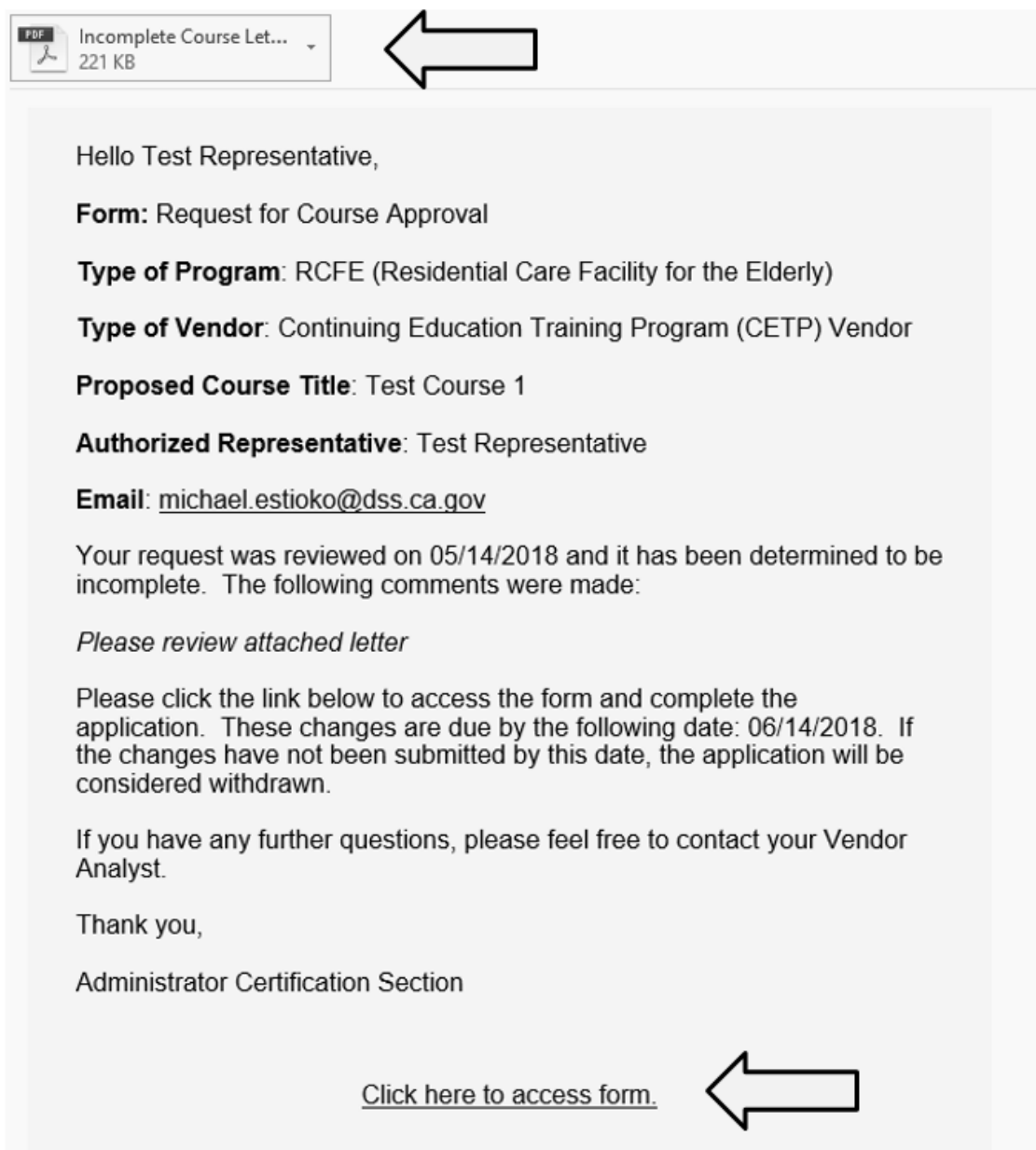
Thank you,

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.**



PDF Incomplete Course Let...
221 KB

Hello Test Representative,

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.estiko@dss.ca.gov

Your request was reviewed on 05/14/2018 and it has been determined to be incomplete. The following comments were made:

Please review attached letter

Please click the link below to access the form and complete the application. These changes are due by the following date: 06/14/2018. If the changes have not been submitted by this date, the application will be considered withdrawn.

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

Thank you,

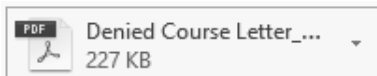
Administrator Certification Section

[Click here to access form.](#)

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.estioko@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.**

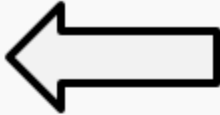
Note: A portion of your ICTP course MUST be taught by a certified administrator. See program specific regulations listed below.

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

City *

State *

Zip *

Authorized Representative *
Name

Title *

Email *

Business Phone Number *

Fax

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 *



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 *

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

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 CDEE, ACS, 1441 17th Street, 9th Fl., Sacramento, CA 95834

(1) Type of Application: (Check applicable boxes) Add Instructor (Add NAME reason) Replace Instructor

(2) Vendor Information: (Please print) Vendor Number: 202209-1462

Organization/Vendor Business Name: TEST

Address (Street Address, City, State, Zip): 1001 8th 10017 City: CA State: CA

Authorized Representative/Contact Person (Name): _____
Business Phone Number: 209-123-1234 Fax: _____ E-mail: test@echosign.com

(3) Program Information

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

CETP Course Title: _____ (Course Number: _____)

ICTP select the components of the training the instructor is adding to add a new instructor to the

<input checked="" type="checkbox"/> Job & Stage	<input checked="" type="checkbox"/> Community & Support Issues	<input checked="" type="checkbox"/> Cultural Competence	<input checked="" type="checkbox"/> Residency Rights
<input checked="" type="checkbox"/> Business Operations	<input checked="" type="checkbox"/> Physical Needs	<input checked="" type="checkbox"/> Group Interventions/Interventions	<input checked="" type="checkbox"/> Physical Environment
<input checked="" type="checkbox"/> Management/Supervision	<input checked="" type="checkbox"/> Motivation	<input checked="" type="checkbox"/> Safety of Foster Health	<input checked="" type="checkbox"/> Foster Stability, Health, & Responder Health Care
<input checked="" type="checkbox"/> Psych/Social Needs	<input checked="" type="checkbox"/> Admission & Assessment	<input checked="" type="checkbox"/> Advertiser's & Donor's	

ICTP check if respondent agrees respondent instructor meets training requirements of 22 California Code of Regulations, Sections 87000.1(a), 87000.1(b)(1)-(3), or 87000.1(c)(1)

(4) Instructor Information: (About the proposed instructor's NAME reason.)

Name of Proposed Instructor: 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 regulated field in a state, territory or foreign country? (Include any Administrative Agency, license number(s), and expiration date(s).) 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 and license number(s). (Include any continuity 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 (5), (6), and (7) above? If yes, please explain and provide the details. (Include any Administrative Agency, license number(s), and expiration date(s).) Yes No

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

Signature of Vendor Representative	TEST
Title	TEST
Date	TEST

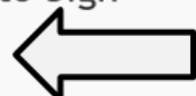
DO NOT WRITE BELOW THIS LINE

Approved for Issue: Approved by: _____
Method of Upload: 13/2/2018

REGISTRATION INFORMATION: This form is required for all vendors to register with the State of California. The information provided on this form will be used to determine whether the vendor is eligible to participate in the State of California's Vendor Automation Platform. This form is required for all vendors to register with the State of California. The information provided on this form will be used to determine whether the vendor is eligible to participate in the State of California's Vendor Automation Platform. This form is required for all vendors to register with the State of California. The information provided on this form will be used to determine whether the vendor is eligible to participate in the State of California's Vendor Automation Platform.

ThinkSmart Test Account Has Sent You 9140A to Sign

Click here to review and sign 9140A.

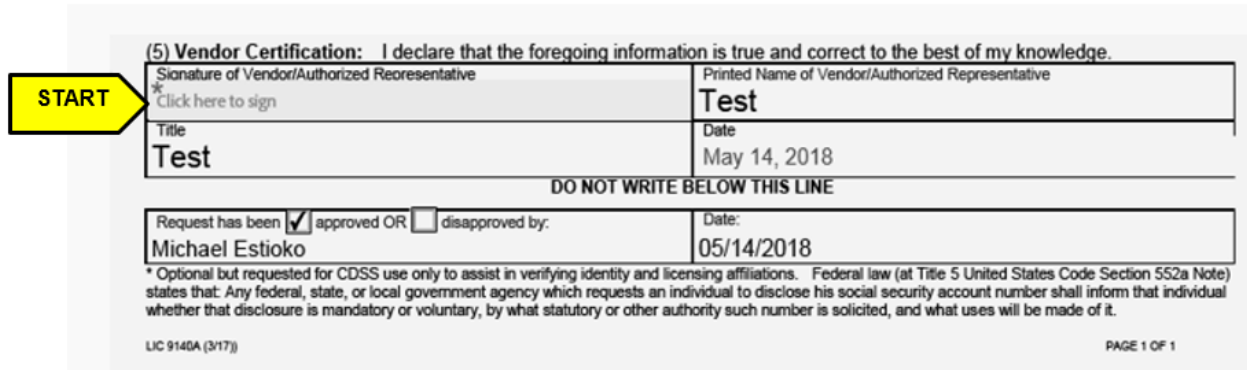


After you sign 9140A, all parties will receive a final PDF copy by email.

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 Reopresentative <i>Test</i> <small>Test (March 14, 2018)</small>	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:

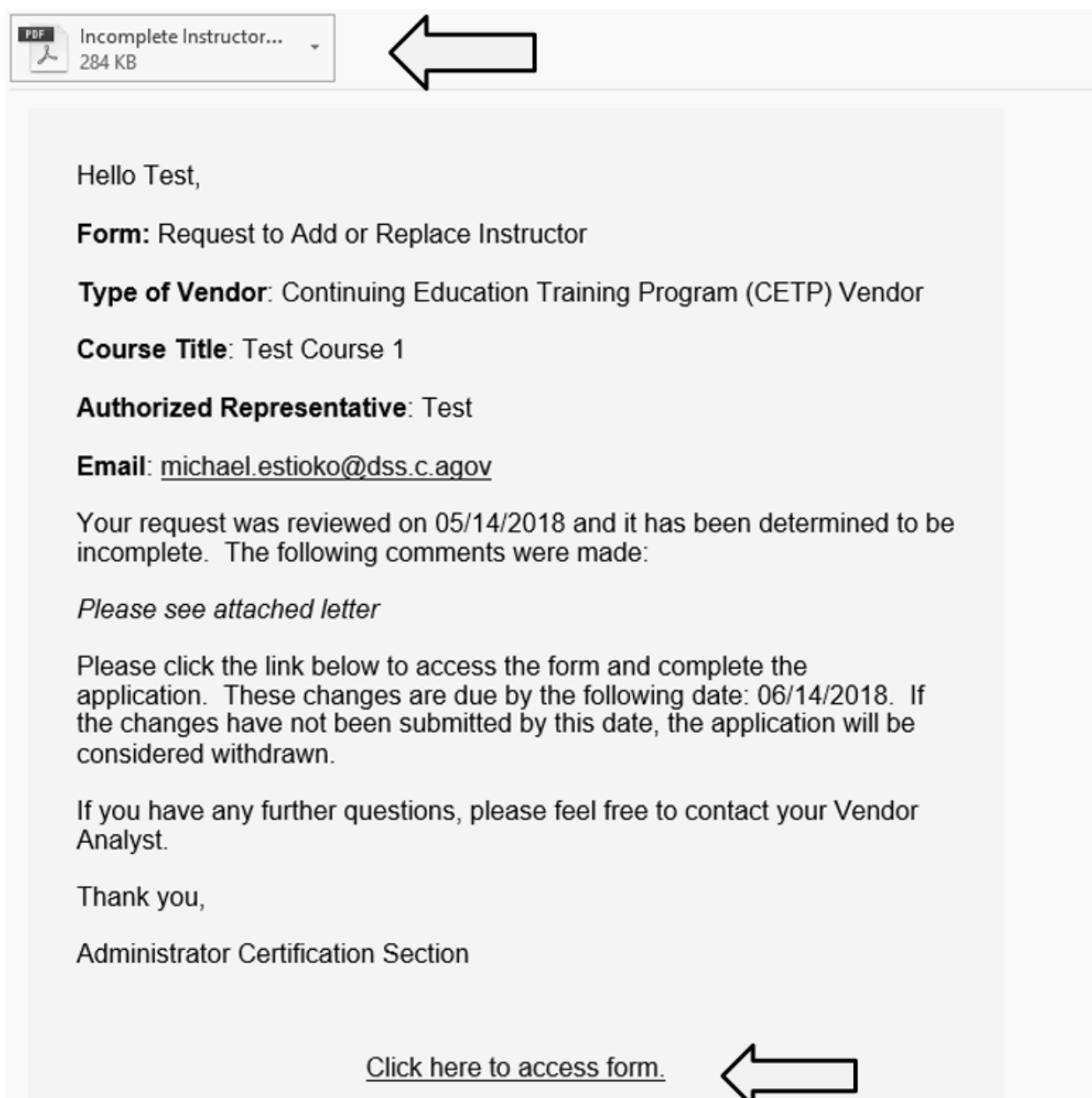
Thank you,


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.**



 Incomplete Instructor...
284 KB

←

Hello Test,

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.estiko@dss.c.agov

Your request was reviewed on 05/14/2018 and it has been determined to be incomplete. The following comments were made:

Please see attached letter

Please click the link below to access the form and complete the application. These changes are due by the following date: 06/14/2018. If the changes have not been submitted by this date, the application will be considered withdrawn.

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

Thank you,

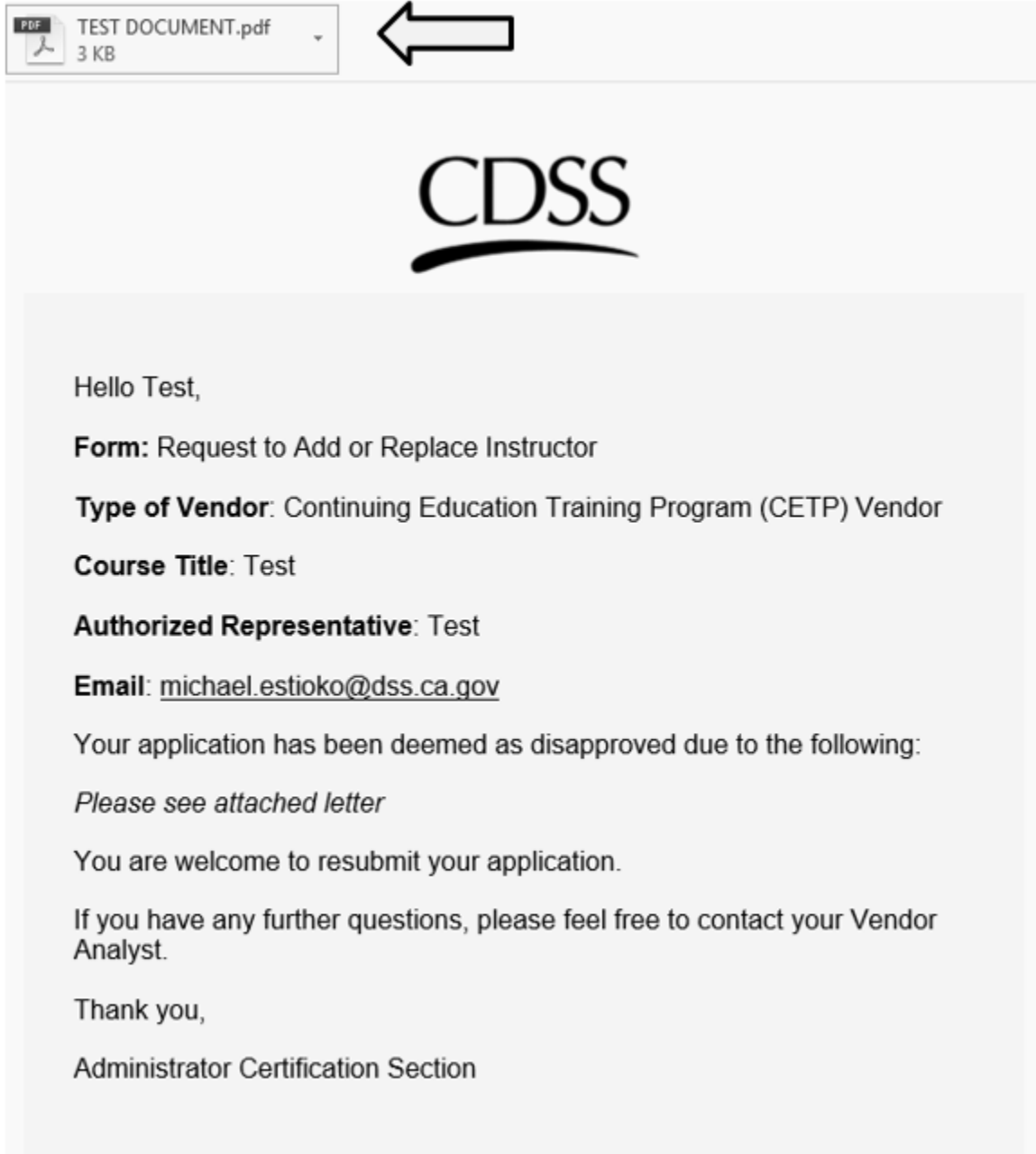
Administrator Certification Section

[Click here to access form.](#) ←

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 Education ..

INSTRUCTIONS: To renew an approved course that is current and accurate, vendors must submit this completed form, a completed vendor renewal application (LIC 9141), and a Notice of Payment Information: Course Fees form with a check or money for the applicable processing fee(s) (\$10 per unit or hour) to CDSS, ACS, 744 "P" Street, MS 9-14-47, Sacramento, CA 95814, at least 60 days in advance of the course expiration. Submit a separate application for each program type (ARF, GH, RCFE, STRTP), and copy the form as needed to list all the courses proposed for renewal. Note: if at the time of vendor renewal a course is not current and accurate, you cannot use this form; you must submit a new course request on the LIC 9140 form.

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

Application Information

Type of Program *

-- Select one --

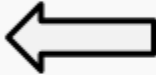
-- Select one --

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 *

Organization/Vendor Business Name *

Street Address *
PO Boxes are not allowed

State *

Authorized Representative *

Email *

Fax

City *

Zip *

Title *

Business Phone Number *

Company Website

- 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-xxxx)
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

9. 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 9139.”**



GENERAL OF CONTINUING EDUCATION COURSE APPROVAL
ADMINISTRATOR CERTIFICATION PROGRAM

Instructions: To review an approved course that is current and accurate, vendor must submit this completed form, along with their vendor approval application (LIC 9139) to CDECS, AGCS, Test 'N' Review, 955 S. 1st St., Sacramento, CA 95833, at least 30 days in advance of the course expiration. Submit a separate application for each program type (NPT, GPT, RCTE, STPT), and copy the form as needed for all of the courses proposed for approval. Note: If at the time of vendor review a course is not current and accurate, [click here to review and sign the LIC 9139](#), you must submit a new course request on the LIC 9139 form.

(1) **Day of Program Approval:** Pre-approval Pre-approval Pre-approval Pre-approval

(2) **Vendor Information:** (Please print) Vendor Number: 0000000000
 Registration/Member Business Name: TEST REP
 Authorized Representative/Contact Person (Name): TEST REP
 Business Phone Number: 916 555-1234 Fax: 916 555-1234 E-mail: testrep@echosign.com

(3) **Course Information:** (Please print course names and numbers in columns (1) and (2); (3) is optional. See form for LIC 9139/9139-APP-019)

SEQUENCE NO.	COURSE NO.	COURSE NAME	COURSE NUMBER	COURSE EXPIRES
1	4001	TEST COURSE 1	TEST COURSE 1	06/30/2022
2	4002	TEST COURSE 2	TEST COURSE 2	06/30/2022
3	4003	TEST COURSE 3	TEST COURSE 3	06/30/2022
4	4004	TEST COURSE 4	TEST COURSE 4	06/30/2022

As Vendor Certification, we are responsible to review and confirm (acting for currently approved courses listed above) we ensure that the course content, classroom hours, and instructors are the same as currently approved, and that the (LIC 9139) is current and accurate. Should any changes in the course content, instructor or hours occur, we will submit a new course approval form to the AGCS for approval prior to conducting the relevant course. Schedules and costs will be submitted as required by CDECS.

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

Signature of Authorized Representative: _____ Date: _____
 Title: _____
 Email: _____
 Phone Number: _____

06/2022 0000000000

ThinkSmart Test Account Has Sent You 9139 to Sign

Click here to review and sign 9139. 

After you sign 9139, 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.

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) <small>(xxx-xxxx-xxxx)</small>
	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.

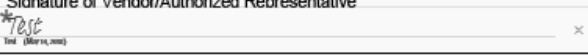


Signature of Vendor/Authorized Representative <small>*Click here to sign</small>	Printed Name of Vendor/Authorized Representative Test
Title Test	Date May 14, 2018

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 	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

12. 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
ADMINISTRATOR CERTIFICATION PROCEDURE

Instructions: To renew an approved course that is current and accurate, vendors must submit this completed form, along with their vendor course application (LIC 9141) to CCSI, ACCJ, TAB 90-Credit, MB 8 14-47, Sacramento, CA 95814 at least 60 days in advance of the original expiration. Submit a separate application for each course you wish to renew (APP-CE, 90742, 91797), and only the address on the form will be used for correspondence. **Note:** If the total CE credits received a course is not current and accurate, you (LIC 9141, MB 8, TAB) you must submit a new course request on the LIC 9141 form.

(1) **File Approval:** Renew New Course Renew Course

(2) **Vendor Information (Please print):** Vendor Name: TEST MFG CO
 Organization/Trade Business Name: TEST MFG
 Address: 1000 10th St
 City: San Francisco State: CA Zip: 94103
 Phone: 415 774 1234 Fax: 415 774 1234 E-mail: testmfg@test.com

(3) **Course Information (Please print course names and numbers in columns (1) and (2). (Remember this form is for 90742, 90743, and 91797)**

COURSE NAME		COURSE NUMBER	
(1)	(2)	(3)	(4)
4001	4002	TEST COURSE 1	99-010-1111
4001	4003	TEST COURSE 2	99-010-2222
4001	4004	TEST COURSE 3	99-010-3333
4001	4005	TEST COURSE 4	99-010-4444

Vendor Certification: We are responsible to review and certify offering for course approval course listed above. We warrant that the course content, description, fees, and instructors are the same as currently approved, and that the applicant has been notified of any changes in the course content, instructor or fees. We warrant that we will submit a new course approval form to the ACS for approval prior to conducting the revised course. Schedules and content will be submitted as required by CCSI.

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

Signature: [Signature] Title: TEST MFG
 Name: TEST Date: 06/21/2022
 Address: 1000 10th St City: San Francisco State: CA Zip: 94103

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.estioko@dss.ca.gov

The following comments were made:

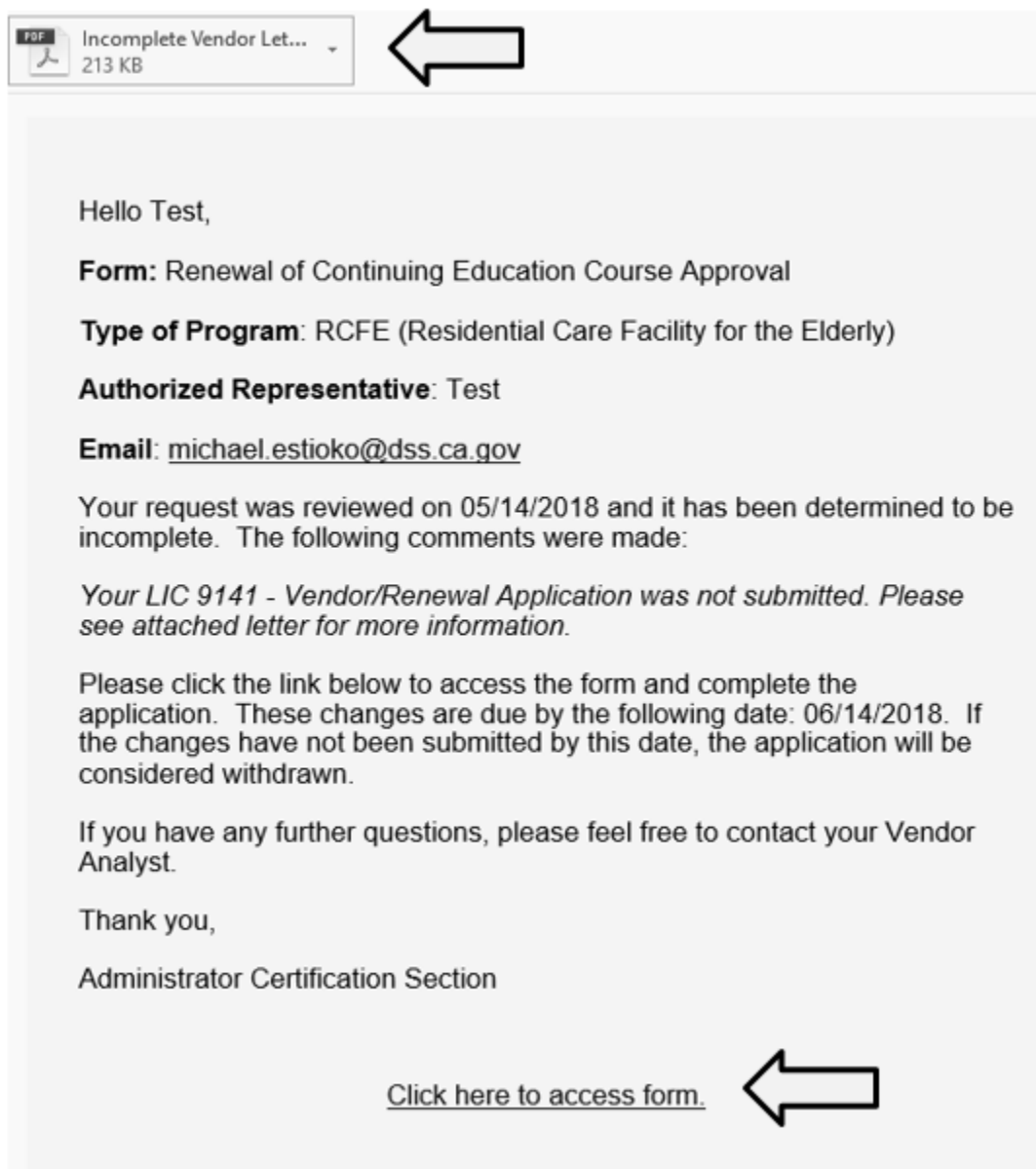
Thank you,

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.

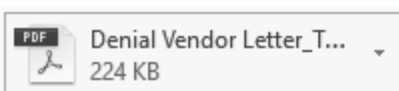
When you receive a Notice of Incomplete Application, **click the link in the e-mail.** You will be directed back to your incomplete application on the Automation Platform. **Make the requested changes and resubmit your application.**



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.estioko@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.



Please Select a Form *

Roster of Participants Upload ▾

INSTRUCTIONS: 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 --

|

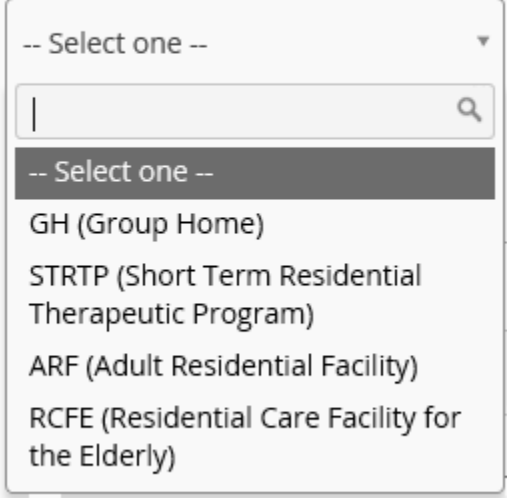
-- Select one --

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 *

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 application 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

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 *

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 *
 

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.

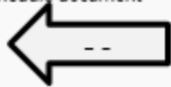
California Code of Regulations Title 22, Sections 84090(i)(6) 87090 (i)(6), 85090(i)(6) and 87785(i)(6), require that Vendors submit to the Department's Administrator Certification Section a schedule for, at least, the next calendar quarter, specifying the subject title, approved course number, classroom 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 *

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,

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

Form: Vendor Course Notification Form

Authorized Representative: Test

Email: michael.estioke@dss.ca.gov

Thank you,

Administrator Certification Section

7. If your Vendor Course Notification Form 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 Vendor Course Notification Form.”**



Adobe Sign

ThinkSmart Test Account Has Sent You Vendor Course Notification Form to Sign

Click here to review and sign Vendor Course Notification Form.

After you sign Vendor Course Notification Form, 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.


8. 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.**

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.

In signing below, 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.

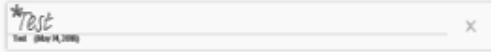
 *Click here to sign

Vendor Representative: Test (Print Name) Date: May 14, 2018

Note: *In accordance with California laws and regulations, vendors who fail to provide above schedules upon request of the Department may be subject to disciplinary action.*


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

In signing below, 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.



Vendor Representative: Test (Print Name) Date: May 14, 2018

Note: *In accordance with California laws and regulations, vendors who fail to provide above schedules upon request of the Department may be subject to disciplinary action.*

I agree to the Terms of Use and Consumer Disclosure of this document  [Click to Sign](#)

Application Disposition E-mails

Approved Application E-mail

11. If your form is approved, you will receive a final e-mail confirming that your submission was completed.



Hello TEST,

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

Form: Vendor Course Notification Form

Authorized Representative: TEST

Email: michael.estioko@dss.ca.gov

The following comments were made:

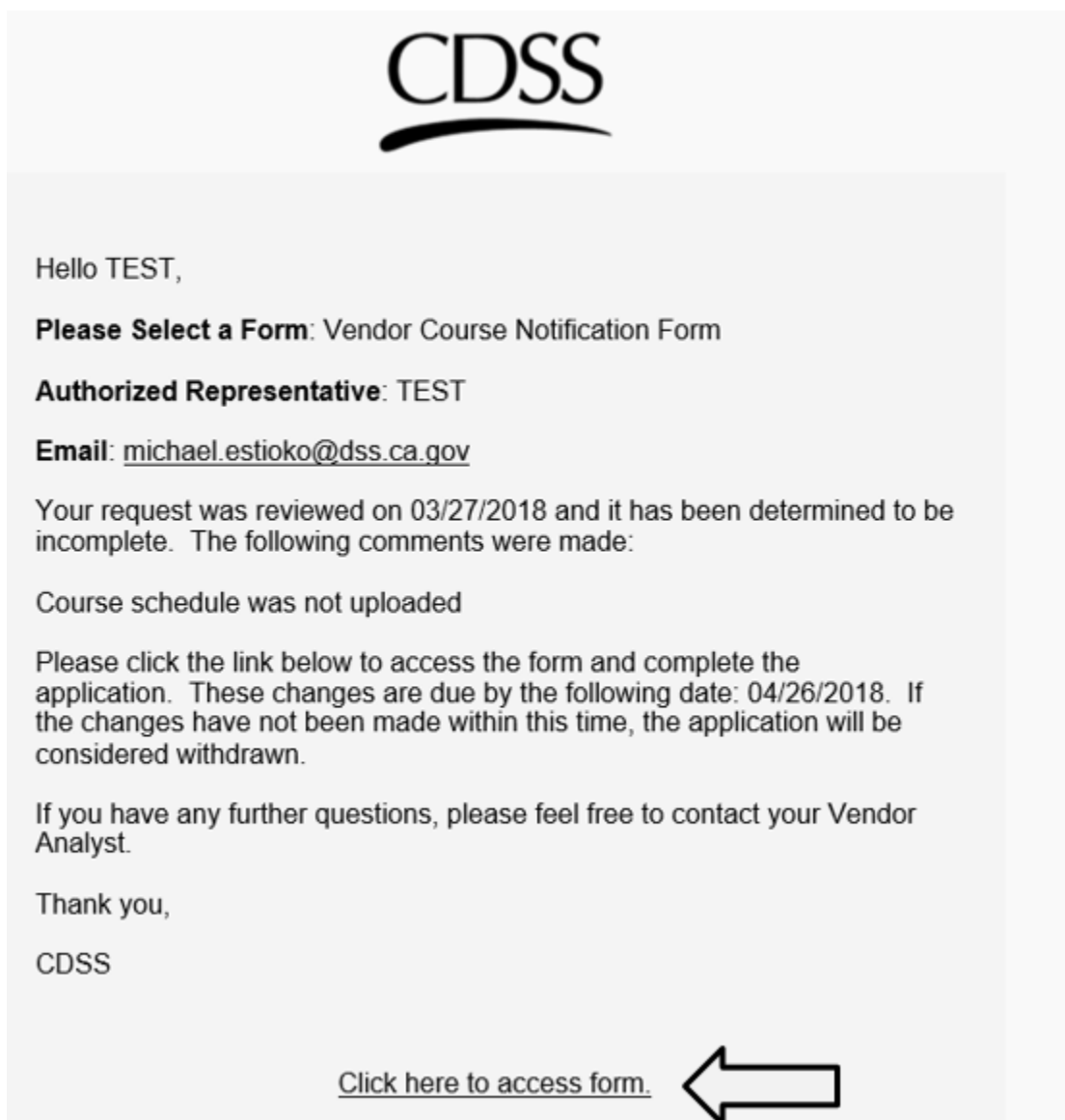
Thank you,

Administrator Certification Section

Incomplete Application E-mail

12. If your course schedule 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

13. If your course schedule 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.



Application Disapproved

Hello TEST,

Please Select a Form: Vendor Course Notification Form

Authorized Representative: TEST

Email: michael.estiko@dss.ca.gov

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

Course schedule is course missing times and locations

You are welcome to resubmit your application.

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

Thank you,

CDSS

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.

- *Can I submit an application via postal mail but pay for it with a credit card?*

Only applications submitted online through the Vendor Automation Platform can be paid with a credit card. For any Vendor Applications or Request for Course Approvals submitted via postal mail, please send a check or money order with the corresponding Notice of Payment Information below.

Use the following document to submit identifying vendor information with your payment:

- [Notice of Payment Information: Vendor Fees](#)
- [Notice of Payment Information: Course Fees](#)

Note: Paper applications with [identifying vendor information](#) must be mailed to the ACS at:

CDSS – ACS
744 P Street, MS 9-17-47
Sacramento, CA 95814
ATTN: Vendor Support and Review Unit

Contact Information

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

You can also contact the Administrator Certification Section directly at:

Phone: (916) 653-9300