



Application for Accreditation

Application

- Initial Application for Employer Training Program Accreditation \$75
- Renewal Application for Employer Training Program Accreditation \$75
- Employer Requesting use of a Training Program Accredited by DPSST \$75

Name of Requested Employer Training Program Accredited by DPSST

Entity Information

1. Entity name: _____

2. Entity address: _____

3. Entity ID#: _____

4. Instructor* name: _____ PSID #: _____

Instructor* name: _____ PSID #: _____

Instructor* name: _____ PSID #: _____

Instructor* name: _____ PSID #: _____

*If more Instructors are used, please submit a list.



Accreditation Program Manager Information - This person is designed as the administrator of an employer accredited training program and is the primary liaison between the entity and DPSST.

1. **Name:** _____

2. **Contact Number:** _____

3. **Email address:** _____

4. **Mailing address:** _____

If the application for accreditation of an employer training program is approved, would you allow another employer to use the authorized accredited training program?

Yes No N/A

If yes, who within your organization is authorized to provide permission to another employer to use?

Name: _____

Title: _____