

This application is to be used for **INITIAL** Course Approval. You may email all applications and supporting documents to [info@NRSB.org](mailto:info@NRSB.org) (preferred)  
 Fax – 914-345-1169 or mail to: NRSB, 14 Hayes Street, Elmsford, NY 10523.  
 Approval is subject to review and evaluation by the NRSB.

Course Title & Number\*: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**\*All courses are required to have a unique number, which will also include the number of CE Credits allocated to the course**

**Course Details**

- Review this course for:            Initial Course            Continuing Education Credits    *(You may select both)*
- This course is primarily for:    Testers                            Mitigators                            *(You may select both)*
- Please note that **all approved courses** count towards CEU requirements in all categories!
- Are there prerequisites for this course:            Yes                            No

If yes, what is required (please list on a separate sheet, if necessary)

\_\_\_\_\_  
 \_\_\_\_\_

- If you have had a course previously approved by the NRSB, please list the title and number of the most recently approved course:

\_\_\_\_\_

- Type of learning (course, publication, attendance at meeting, e.g.) \_\_\_\_\_
- Learning method (in person, online, webinar, e.g.) \_\_\_\_\_
- If this course will be given in person, in which location(s)? \_\_\_\_\_
- Activity Duration: \_\_\_\_\_
- How was the number of CE Credits for the course calculated? \_\_\_\_\_

\_\_\_\_\_

- How frequently will the course be given? \_\_\_\_\_
- Who will be the course instructor(s)? \_\_\_\_\_

***AN INSTRUCTOR APPROVAL APPLICATION MUST BE SUBMITTED FOR EACH INSTRUCTOR!***

The following documents must be submitted with this application:

- An outline and/or syllabus of the course

- A copy of the certificate to be presented to students upon course completion
- All printed text and multimedia to be used during the instruction of this course
- Include copies of the quiz(zes) and the correct answers, annotated with feedback (why the answer is correct)
  - This quiz must have 5 questions per CEU
- A copy of the Student course evaluation form
- Any other credentials supporting this request

Requestor's Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION FEES:**

The fee is based on the number of credits offered by the course:

Number of credits \_\_\_\_\_ X \$25.00 = \_\_\_\_\_ Total Application Fee (non-refundable)

*Example: an 8 credit course X \$25.00 = \$200.00 (Non-refundable)*

**PAYMENT OPTIONS**

- Check Enclosed or Mailed/Make Checks Payable To: **CCICN/NRSB**
- Credit or Debit Card payment: <https://link.clover.com/urlshortener/R8FQVf>

**ALL PAYMENTS ARE NON-REFUNDABLE**

To be complete by the NRSB Education Committee:

Date Received: \_\_\_\_\_ Reviewer Name: \_\_\_\_\_

Course Approved:      Yes              With Changes              No

Instructor Name: \_\_\_\_\_ Approved:      Yes              No

Reviewer Signature: \_\_\_\_\_

Date Course Provider Notified: \_\_\_\_\_

Date Required Changes Made: \_\_\_\_\_ Course Expiration Date: \_\_\_\_\_