

This application is to be used for **INITIAL** Course Instructor Approval. You may email all applications and supporting documents to 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.

Instructor's Name: _____
 Company Name: _____
 Contact Name: _____
 Business Address: _____
 City, State, Zip: _____
 Mailing Address (if different) _____
 Telephone _____ Fax: _____
 E-mail: _____ Website: _____

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 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 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 respective answer sheet(s)
 - 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: _____