NRSB **Course Change Approval** Application

This application is to be used for any **CHANGE** to an existing approved Initial or CE Course. 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 of the changes is subject to review and evaluation by the NRSB.

Current Course Title & Number*: _____

Date approved by NRSB: _____

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 Changes:

Please select the changes that you are requesting be made to the course listed above. You may select as many changes as necessary.

☐ Change the title of the course to: _____

☐ Change the course number to:_____

☐ Approve this course for: ☐ Initial Education ☐ Continuing Education Credits

☐ Approve this course for: ☐ Testers ☐ Mitigators

☐ Are there prerequisites for this course: ☐ Yes ☐ No

If yes, what is required (please list on a separate sheet, if necessary), that was not required before:

_____

_____

☐ Change the type of learning (course, publication, attendance at meeting e.g.) _____

☐ Change the Learning method (in person, online, webinar, e.g.) _____

☐ Change the locations where the course will be given in person_____

☐ Activity Duration: _____

☐ The frequency with which the course will be given_____

☐ The course instructor(s)_____

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

☐ The course content

*If there are changes to the content of the course, the following documents **with the changes highlighted/identified** must be submitted with this application:*

- Attach a narrative about what changed and why
- 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 _____

COURSE CHANGE 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 Changes: Approved: Yes ☐ With Changes ☐ No ☐

Instructor Name:_____ Change Approved: ☐ Yes ☐ No

Reviewer Signature:_____

Date Course Provider Notified:_____

Date Required Changes Made: _____Course Expiration Date:_____