

# COMMUNITY COLLEGE TRUSTEE TRAINING PRE-APPROVED PROVIDER NOTIFICATION

Provider's Name: \_\_\_\_\_

Provider's Address: \_\_\_\_\_  
(Street Address, City, State, and Zip)

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What Type of Entity is the Provider (e.g., community college, law firm, accounting firm, association, etc.)  
\_\_\_\_\_

## Provider is Pre-approved to Offer Training in the Following Topics (*check all that apply*):

- |  |  |
|--|--|
| <input type="checkbox"/> Audits                                  | <input type="checkbox"/> Financial Oversight and Accountability  |
| <input type="checkbox"/> Community College and Labor Law         | <input type="checkbox"/> Freedom of Information Act (5 ILCS 140) |
| <input type="checkbox"/> Contract Law                            | <input type="checkbox"/> Open Meetings Act (5 ILCS 120)          |
| <input type="checkbox"/> Ethics                                  | <input type="checkbox"/> Sexual Violence on Campus               |
| <input type="checkbox"/> Fiduciary Responsibilities of a Trustee |  |
| <input type="checkbox"/> Other (Describe): _____                 |  |

## Submit Documentation Verifying Status as a Pre-approved Provider

- Verification as Approved Illinois Minimum Continuing Legal Education (MCLE) Board Accredited Course or Provider
- Verification as Approved Illinois Department of Financial and Professional Regulation (IDFPR) Registered Public Accountant Continuing Professional Education (CPE) Sponsor
- Verification of Community College Faculty and Staff Qualifications in Selected Training Topics

## Application Submitted by:

\_\_\_\_\_  
*Print Name of Person Submitting Application* *Title*

\_\_\_\_\_  
*Signature of Person Submitting Application* *Date*

## Return Completed Application to:

**Illinois Community College Board  
ATTN: External Affairs  
401 East Capitol Avenue  
Springfield, Illinois 62701**