

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**