

COMMUNITY COLLEGE TRUSTEE TRAINING PROVIDER APPLICATION

Provider's Name: _____

Provider's Address: _____
(Street Address, City, State, Zip)

Email Address: _____ Phone Number: _____

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

Provider Seeks Approval 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): _____ | |

Methods of Providing Training (*check all that apply*):

- | | |
|--|---|
| <input type="checkbox"/> Audio/Video – Prerecorded | <input type="checkbox"/> Online Self Study Course |
| <input type="checkbox"/> In Person | <input type="checkbox"/> Online Webinar |
| <input type="checkbox"/> Other (Describe): _____ | |

The Following Must be Included with this Application:

- | | |
|--|---|
| <input type="checkbox"/> A Sample Course Schedule and/or Syllabi | <input type="checkbox"/> A List of Instructors and Their Qualifications |
| <input type="checkbox"/> A Copy of Fee Schedule (if applicable) | |

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