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AP

JUL 13 2018
7-11-18

VENDOR APPLICATION/RENEWAL
ADMINISTRATOR CERTIFICATION PROGRAM

Instructions: To apply to become (or to renew as) a course vendor for this Program, submit this completed application and a check or money order for the applicable processing fee to CDSS, ACS, 744 "P" Street, MS 9-14-47, Sacramento, CA 95814. Submit a separate vendor application and check or money order for each type of program (ARF, GH, RCFE) and vendorship (ICTP or CEU).

(1) **Type of Application:** (Check one box only. If renewing, provide vendor number and expiration date, and attach LIC 9139 if renewing courses.)
 New **Renewal** Vendor # 2000389-740-2 Expires: 08/13/2017 LIC 9139 attached? YES NO

(2) **Type of Program:** (Check one box only; if applying for more than one, submit separate application for each.)
 ARF (Adult Residential Facility) GH (Group Home) RCFE (Residential Care Facility for the Elderly)

(3) **Type of Vendor:** (Check one box only; if applying for both types, submit separate applications.)
 ICTP (Initial Certification Training Program) Vendor (\$150 Fee) CEU (Continuing Education) Vendor (\$100 Fee)

(4) **Applicant Information:** (Please print.)
 Organization/Vendor Business Name: NILES COLLEGE
 Address (Street Address, City, State, Zip): 1290 Bayshore Highway, Suite 152, Burlingame, CA 94010
 Authorized Representative/Contact Person (Name): FE B. BORRILLO
 Business Phone Number: (650) 212-3100 Fax: (650) 689-5251 E-mail: info@nilescollegellc.com
 Company Website: www.nilescollegellc.com

Company Type: (Check one box. Provide documentation of authority to conduct business in California (e.g., certificate of status from CA Secretary of State).

- Individual University, College or School Provider Association
 Partnership Non-Profit Organization Corporation
 Government Agency Other: _____

List each individual authorized representative/contact person (e.g., partner, Executive Director, and/or board members) and their titles. Each

Name	Title/Position	Sec's 6-10 Completed ?
Fe B. Borrillo, RN, BSN, DSD	Program Director	Yes

person listed in this section must complete and sign Sections 6-10 on page 2 of this form. (Copy page 2 as needed).

Signature of Vendor/Authorized Representative <u>Fe B Borrillo RN BSN DSD</u>	Printed Name of Vendor/Authorized Representative FE B. BORRILLO
Title PROGRAM DIRECTOR	Date 07/11/2018

DO NOT WRITE BELOW THIS LINE

Application/Renewal has been <input checked="" type="checkbox"/> approved OR <input type="checkbox"/> disapproved by: <u>AP</u>	Date: <u>8/13/2018</u>
Approved Vendor Number <u>2000389-740-2</u>	Expiration Date: <u>8/13/2020</u>