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**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 # _____ Expires: _____ 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)
 STRTP (Short-Term Residential Therapeutic Program)

(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 OLD BAYSHORE HIGHWAY, SUITE 152
Authorized Representative/Contact Person (Name): FE B. BORRILLO, RN
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 person listed in this section must complete and sign Sections 6-10 on page 2 of this form. (Copy page 2 as needed)

Name	Title/Position	Sec's 6-10 Completed ?
FE B. BORRILLO, RN	PROGRAM DIRECTOR, OWNER	YES

(5) **Applicant Certification:** I declare that the foregoing information is true and correct to the best of my knowledge.

Signature of Vendor/Authorized Representative <u>Fe B. Borrillo</u>	Printed Name of Vendor/Authorized Representative FE B. BORRILLO, RN LIC # 183279
Title PROGRAM DIRECTOR	Date 05/03/2017

DO NOT WRITE BELOW THIS LINE

Application/Renewal has been <input checked="" type="checkbox"/> approved OR <input type="checkbox"/> disapproved by: <u>[Signature]</u>	Date: <u>05/17/17</u>
Approved Vendor Number <u>2000389-735-2</u>	Expiration Date: <u>05/17/19</u>