# Form 100 – Online Trainer Certification

Click within the brackets to type information. Mail original copy to address above

<table>
<thead>
<tr>
<th>NAME &amp; ADDRESS OF TRAINING PROVIDER/POSTSECONDARY EDUCATIONAL INSTITUTION</th>
<th>WEB SITE URL</th>
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<tr>
<th>NAME OF SCHOOL REPRESENTATIVE</th>
<th>PHONE NUMBER</th>
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<tr>
<th>POSITION</th>
<th>FAX NUMBER</th>
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<th>E-MAIL ADDRESS</th>
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## Certifications

1. The training provider/postsecondary educational institution identified on this form does not and will not have a physical presence in Nevada;
2. The training provider/postsecondary educational institution identified on this form does not and will not solicit students in Nevada by means such as direct mailing, e-mailings, phone calls, local advertisements or employees or contractors located within Nevada;
3. No part of the training provided by the training provider/postsecondary educational institution identified on this form will take part in Nevada;
4. The training provider/postsecondary educational institution identified on this form may employ Nevada residents for the sole purpose of teaching online course work.

**Under Perjury of Law I hereby declare the above four statements to be true and correct to the best of my knowledge as it pertains to the training provider/postsecondary educational institution identified above.**

**Typed Name of School Representative**

______________________________

**Signature and Date Signed**

______________________________

**Notary Signature and Seal**

Sworn and subscribed to me on this _____ day of ___________

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**CPE Use Only Below This Line**

Based on the information attested to above, the training provider/postsecondary educational institution described above is not required to be licensed in Nevada by the Commission on Postsecondary Education.

______________________________

**Signature of CPE Representative/Date Signed**

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