



Commission on Postsecondary Education

FORM 100 – ONLINE TRAINER CERTIFICATION

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

NAME & ADDRESS OF TRAINING PROVIDER/POSTSCONDARY EDUCATIONAL INSTITUTION	WEB SITE URL
NAME OF SCHOOL REPRESENTATIVE	PHONE NUMBER
POSITION	FAX NUMBER
E-MAIL ADDRESS	

**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; AND,
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 \_\_\_\_\_

**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

NOT VALID  
WITHOUT  
RAISED CPE  
SEAL