

**PROVIDER APPLICATION  
2024-2025**

**Program Year  
Mississippi College Office of Continuing Education  
Continuing Education Units Program  
Box 4031  
Clinton, Mississippi 39058**

Organizations making initial application must complete Parts I through III. Only Parts I and II are required for annual renewal; however, changes of previously reported information in Part III should be included.

**Part I - Identifying Information**

A. Organization: \_\_\_\_\_

B. Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

C. Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Part II - Compliance Assurance**

Upon approval of this application, I assure the Mississippi College Office of Continuing Education (MC OCED) that the organization of which I am executive officer will provide training as submitted by this agency and approved by the MC OCED.

Chief Executive Officer, Applicant Organization: \_\_\_\_\_  
Signature Print Name/Title

Date: \_\_\_\_\_

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**MC OCED Use Only**

Approved, MC OCED: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date License Mailed: \_\_\_\_\_

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*OVER*

**Part III - Eligibility Justification**

A. Provider's Mission Statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Describe how the training of educational personnel relates to provider's mission or purpose:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Attach organizational table and/or describe administrative structure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Describe procedures for permanent record storage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Document previous experience as a provider of in-service education. List not more than three training events including title, dates, and number of participants. Attach evaluation summaries, if available. Please include three references who are knowledgeable of your agency as a provider of in-service training.

1. Previous experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. References (Name, Agency, Address, Phone): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_