

Send Correspondence to:
The Center for
Credentialing & Education
3 Terrace Way, Suite B
Greensboro, NC 27403-3660

The Center for Credentialing & Education
Application for
GCDF Curriculum Approval



1. Title of Curriculum _____
2. Target Group _____
3. Number of clock hours of training _____
4. Sponsoring organization or individual _____
5. Address _____

6. Day-time phone number: (____) _____
7. Describe the facility in which the curriculum will be delivered. Is the facility handicap accessible?

8. Describe your grievance procedures and refund policy.

9. Describe your procedures for verifying attendance and participation.

10. Is this curriculum a modification or update to a previously approved or copyrighted curriculum?
If yes: You will need to submit authorization from the original curriculum provider.
11. Do the instructors that will deliver this curriculum hold the GCDF credential? _____

Submit the following with this application:

- a. Six complete copies of the curriculum.
- b. An outline that describes where in the curriculum each of the twelve GCDF competency areas is addressed.
- c. A list of trainers that will deliver the curriculum and their qualifications.
- d. An outline that describes how the curriculum will be delivered (classroom hours, field work hours, web based learning, etc.)
- e. The \$350 review fee (check, money order, or credit card number and expiration date)

The signature below indicates that I have read the **CCE GCDF Code of Ethics** and that I agree to ensure that the program named in this application abides by the code. I agree to provide students who complete the curriculum with documentation of attendance and to keep a roster of attendees on file for a five-year period.

Signature of Contact Person

Date