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| **SECTION 1: APPLICANT INFORMATION** |
| **ORGANIZATION NAME** | **POINT OF CONTACT** *(first name, last name)* |
|       |       |
| **MAILING ADDRESS** | **CITY** | **STATE** | **ZIP** |
|       |       |       |       |
| **EMAIL** | **PHONE** | **PROGRAM PARTICIPANT FEE:** |  **$** |       |
|       |       |
| **SECTION 2: ATTESTATIONS**  |
|  | *I attest that the attached curriculum shall be taught in strict accordance with 601 KAR 13:040, and further attest to adhere to all standards as set forth in 601 KAR 13:040.* |  |
| **APPLICANT PRINTED NAME**  | **APPLICANT SIGNATURE** | **DATE** |
|       |  |       |
|  |  |  |
| **FOR KYTC USE ONLY** |
| **REVIEWER PRINTED NAME** | **REVIEWER SIGNATURE** | **DATE** |
|  |  |  |
| **PROGRAM APPROVED:** | **YES** |  | **NO** | **COURSE IS VALID UNTIL** *(mm/dd/yyyy)***:** |  |
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