



CEC Approved Provider Application

Please fill out the following application and return it to AISAP.
Mail: PO Box 709 | Boston Post Road | Madison, CT 06443
Email: caepadmin@aisap.org

Approved Provider: _____

Address: _____

City: _____ State: _____ Zip: _____

Point of Contact: _____ Title: _____

Email: _____ Phone: _____

If approved website that AISAP should link to:

In submitting this application, my organization and I fully understand that it is an application only and does not guarantee the CEC Approved Provider status. My organization and I know and, by my signature, attest that my organization and I understand the criteria for CEC credit, and if approved as a CEC Approved Provider, will mark only the programs we offer that meet the requirements as eligible for CEC credit. My organization and I further understand that any false statement or misrepresentation of CEC eligibility may result in the termination of this application or approved CEC status.

My organization and I understand that AISAP reserves the right to revise or update this application requirement. AISAP will inform me/my organization of any changes to eligibility criteria, and that it is my/my organization's responsibility to update our CEC Approved Provider related web pages and information accordingly. I understand that it is my responsibility to provide AISAP with any requested documentation in connection with this application.

My organization and I understand and agree that if my organization is accepted as a CEC Approved Provider, we authorize AISAP to include the organization in a list of CEC Approved Providers and decide to use the CEC Approved Provider status and web sticker, and related AISAP and CEC trade names, trademarks, and logos only.

Authorized Organization Contact Signature:

Date: _____