



**PROVIDER STATUS
QUARTERLY REPORT**

(submit one for each program, make copies as needed)

PROVIDER NAME _____

CONTACT PERSON _____

TELEPHONE NUMBER _____

PROVIDER NUMBER _____

PROVIDER STATUS PERIOD _____ to _____

PROGRAM NAME _____

PROGRAM DATE(S) _____

COST TO THE APPLICANT _____

LOCATION OF PROGRAM _____

City and State

TYPE OF PROGRAM _____ Closed _____ Open _____ Open, limited basis

NUMBER OF CLOCK HOURS AWARDED _____ (please attach agenda)

DESCRIPTION OF PROGRAM:

PRESENTER NAME & CREDENTIALS _____

Letter classification assigned to program _____

C = CD Specific S = Supervisor P = Prevention D = Diagnostic R = Field Related

I have attached an **AGENDA** and verify that the enclosed information is correct.

Signature

Date