



Nevada Department of
Health and Human Services
DIVISION OF PUBLIC AND
BEHAVIORAL HEALTH

State of Nevada
Division of Public and Behavioral Health
Bureau of Health Care Quality and Compliance
727 Fairview Drive, Suite E
Carson City, NV 89701
Phone: 775-684-1030 Fax: 775-684-1073



Application for Training Credits

A person who wishes to offer or teach a course of continuing education or formal training for Solicitation of Prostitution Treatment Program Facilitators or who wishes to obtain credit for a course of continuing education or approval for formal training that has not been approved by the Division must complete and submit the following application.

Applicant Information

Name of Requestor: _____

Agency Affiliation: _____

Address: _____
Street / P.O. Box City State Zip

Telephone: _____ Fax: _____

Email Address: _____

Are you or your program applying to offer to teach a course? Yes No **OR**

Are you a Program Facilitator requesting course credit? Yes No

Course Information

Title of Course: _____

Date: _____ Time: _____ Location: _____

Name of Course Instructor: _____

Address of Course Instructor: _____
Street / P.O. Box City State Zip

This course is to be used for: Formal Training Continuing Education Units Both

Is this course provided by a nationally recognized person, government entity or accredited college or university in the USA or its territory? Yes or No

If yes, please list: _

Purpose of Course:

Attendance requirements:

COURSE CREDIT & COURSE HOURS BEING REQUESTED/PROVIDED
HOW COURSE IS BEING PROVIDED

Total number of course hours requested: _____

Course is being provided (please check one): _____ Online _____ In person _____ Both

Training Checklist

Please indicate that you have enclosed the required documentation for each item by checking “yes.” For any item that you have checked “no” please explain in the comments section.

Documentation Enclosed	Yes	No	Comments
Resume of course instructor.			
Attach copy of Course Syllabus & Curriculum (This must include details on dates, times, and course objectives).			
Content of the information that will be provided to persons enrolled in the course (includes all course content, online, written, given in speech format, etc.)			
Copy of written evaluation of the course to be given to each attendee at the end of the course.			
Copy of the certificate to be presented to each attendee at the completion of the course.			
Copy of brochure, mailing, etc. advertising course.			

Notes

*The Division of Public and Behavioral Health will retain all documents but will treat them as proprietary and will not disseminate them unless required to by law.

I hereby declare, under penalty of perjury, that all information provided and attached to this application is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this application.

 Print Name of Applicant

 Original Signature of Applicant

 Date

You must fill out this form in its entirety. Incomplete applications will NOT be considered and may be returned to you.

Training Content Standards

Examples of Appropriate Subjects for Formal Training & Continuing Education

1. The cycle of violent or abusive behavior;
2. Cultural values, beliefs and myths relating to inequality among genders;
3. Gender-based violence and the negative impacts of gender-based violence;
4. Pornography and its negative impacts;
5. Sexual objectification;
6. Personal and cultural attitudes toward the opposite gender;
7. Skills for improving personal relationships;
8. Healthy relationships, including, without limitation, mutuality in relationships;
9. The manner in which to establish a model for personal relationships that is based on nonviolence and equality; and incorporates the concepts of accountability for a person's own behavior, negotiation, fairness and equality concerning economic issues;
10. Toxic and healthy masculinity;
11. Identifying signs of a relapse in negative behavior and methods of preventing relapse;
12. Confidentiality;
13. Ethics;
14. Gender roles, socialization and the function of violence;
15. Cultural competency and diversity;
16. The operation of a program;
17. Facilitation of group therapy;
18. Facilitation of individual therapy;
19. Motivational interviewing;
20. Procedures for intake and assessment of participants;
21. Use of questions for self-evaluation;
22. Intimacy skills;
23. Male and female gender socialization;
24. The continuum of sexual violence;
25. Pimping and trafficking;
26. Any combination of subjects listed in subsections 1 to 25, inclusive; and
27. Any other subject deemed appropriate by the Division.

Please send completed application and all supporting materials to:

Bureau of Health Care Quality and Compliance
Solicitation of Prostitution Treatment Program Formal Training & Continuing Education
727 Fairview Drive, Suite E
Carson City, NV 89701

<u>Approved</u>	<u>Missing Information</u>	<u>Denied</u>
Staff Use		
Only: _____		

