

PROMISSOR INTERNAL USE ONLY

<p>Promissor Course ID Number <input style="width: 40px; height: 15px;" type="text"/></p> <p style="text-align: center;"><u>PROMISSOR ROUTING INFORMATION</u></p> <p>Date Rec'd by Promissor <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 40px; height: 15px;" type="text"/></p> <p style="text-align: center;"><u>Initial Screening Check: (Circle Answer)</u></p> <table border="0" style="width: 100%;"> <tr> <td>Authorized Provider ID</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Authorized Signature</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Correct Fee Included</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>All Attachments Present</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Company Sponsored</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Date Released to COI</td> <td><input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 40px; height: 15px;" type="text"/></td> <td></td> </tr> </table>	Authorized Provider ID	YES	NO	Authorized Signature	YES	NO	Correct Fee Included	YES	NO	All Attachments Present	YES	NO	Company Sponsored	YES	NO	Date Released to COI	<input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 40px; height: 15px;" type="text"/>		<p><i>COI Action Log</i></p> <p>Received COI <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 40px; height: 15px;" type="text"/></p> <p>COI Action Date <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 40px; height: 15px;" type="text"/></p> <table border="0" style="width: 100%;"> <tr> <td>APPROVED <input type="checkbox"/></td> <td>DENIED <input type="checkbox"/></td> </tr> <tr> <td>L/H <input type="checkbox"/></td> <td>P/C <input type="checkbox"/> Both <input type="checkbox"/></td> </tr> </table> <p>Number of Credit Hours <input style="width: 40px; height: 15px;" type="text"/> . <input style="width: 20px; height: 15px;" type="text"/></p> <p>COI Approver Signature _____</p> <p>Received Promissor <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 40px; height: 15px;" type="text"/></p> <p>Denial Form DCCE Attached (<i>circle</i>) YES NO</p> <p>Provider Notification Date <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 40px; height: 15px;" type="text"/></p>	APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	L/H <input type="checkbox"/>	P/C <input type="checkbox"/> Both <input type="checkbox"/>
Authorized Provider ID	YES	NO																					
Authorized Signature	YES	NO																					
Correct Fee Included	YES	NO																					
All Attachments Present	YES	NO																					
Company Sponsored	YES	NO																					
Date Released to COI	<input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 40px; height: 15px;" type="text"/>																						
APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>																						
L/H <input type="checkbox"/>	P/C <input type="checkbox"/> Both <input type="checkbox"/>																						

Forward this form, all mandatory attachments, and appropriate processing fee of \$50 to:

All company checks or money orders should be payable to "Promissor."

Promissor/DCCE
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