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**STATE OF NEVADA**  
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**Career & Technical Education**  
**Distance Education Renewal Course Application**

**Section 1: Certification**

I hereby certify, to the best of my knowledge that information contained in this Distance Education Renewal Application is correct.

**1.1 Date of approval by board of directors or governing body, if applicable.**

**Date:**

**1.2 Regional or national accreditation status, if applicable.**

**Accreditation:**

Please provide the name and signature of the designee given permission to file this application. The signature of the following designee represents an agreement that the entity will comply with the regulations for distance education courses in Nevada.

**1.3 Designee Information**

**1.3.1 Name and Title** (authorized contact and person responsible for courses):

**1.3.2 Signature:**

**1.4 Contact Information**

**1.4.1 Phone Number:**

**1.4.2 Email:**

## Section 2: List of Courses

Please provide a list of all CTE courses that are being requested for renewal certification in this application, in accordance with the Nevada State Board of Education approved CTE Course Catalog. Use additional pages as necessary.

CTE Course Title	Level	CIP Code

## Section 3: Updated Course Information

Provide the following updated information for **each CTE course** being requested for renewal certification. Use a separate form for each course. Use additional pages as necessary.

### Updated Course Description

### State Standards Alignment

\* Note: The Distance Education Program is subject to NRS 389.800, which includes Quality Program Review, for all approved CTE courses.

NDE Use Only	Approved: Yes      No
Approved By:	Date: