



CURRICULUM AND PROFESSIONAL DEVELOPMENT DIVISION

K-12 Science, Health and Foreign Language
3950 S Pecos McLeod, Suite 2D
Las Vegas, NV 89121
(702) 799-8404 Office
(702) 855-9773 Fax

Local Representative's Annual Information Update

Organization: _____

Representative's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

E-mail Address: _____

Regional Coordinator: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

E-mail Address: _____

Indicate below the dates, time, and place that local representatives (who will be selecting host families and counseling students) received official program training during the last calendar year. U.S. State Department regulations state that training is to be a formal, recognized program conducted by professionally qualified trainers. Long-distance training by manual and/or telephone shall not be considered adequate.

Four horizontal lines for recording training information.

Representative Signature

Date

This form must be completed and filed in the office of the Coordinator, K-12 Foreign Language before any student applications can be submitted for the upcoming school year.