

Georgia Certified Process Server  
Training Program Application

Name of Entity sponsoring this course:

Name and Title of Entity Contact:

Mailing Address:

Email Address:

Telephone Number:

Facsimile Number:

Select one:  12-Hour Pre-Certification Training (or)

Annual Continuing Education Training

Name of Course: \_\_\_\_\_

Number of Training Hours Requested: \_\_\_\_\_

**Attachment A:** Submit lesson plans that describe in sufficient detail the course content, objectives, teaching methods, and evaluation method.

*Pre-Certification Training: 6 modules, Article 5.D.*

*Annual Continuing Education Training: Article 5.E.*

**Attachment B:** List the names and qualifications of the faculty selected to present the training.

**Attachment C:** Copies of written materials and handouts for the participants.

The sponsor of this course assumes responsibility for the following:

- a. Verifying attendance of participants by requiring the presentation of a photo identification;
- b. Providing a certificate of attendance for each participant who successfully completes the activity;
- c. Maintaining registration and attendance documents for a period of three (3) years;
- d. Submitting an electronic copy of the Sign In/Attendance log containing the applicants signature and a comprehensive list of all attendees and their corresponding test scores to GSA within 30 days of course delivery; and
- e. Providing any additional information requested to assist the AOC in evaluating whether to approve the activity or to ensure compliance with this policy.

I swear or affirm I understand and accept the responsibilities listed above. Further, the foregoing statements above and information submitted within this packet is true, correct, and complete.

\_\_\_\_\_  
Name, Title

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Notary

\_\_\_\_\_  
My Commission Expires