



American Indian Center of Arkansas

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Little Rock, Arkansas 72201
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www.AICAgO.org



Host Agency/Training Site Application Form

Host Agency: _____ Fein #: _____

Physical Address: _____ Phone #: _____

Mailing Address: _____ Fax #: _____

Training Site (if different) _____

Physical Address: _____ Phone #: _____

Mailing Address: _____ Fax #: _____

Supervisor: _____ Title: _____

Supervisor: _____ Title: _____

Email Address: _____

Type: Non-Profit (501c3) Government

**Source documentation requirements attached to Host Agency Agreement*

Services provided to the community: _____

Recommendations: (state any stipulation if approval recommended; if approval not recommended, note reason/s).



Training Site: Approved
 Not Approved

SCSEP Authorized Representative

Date