



TBIW Internet-Based Training Request

Provider: _____
Contact Person: _____
Email: _____
Fax: _____

As required by Chapter 512.3 we are requesting prior approval to use an internet provider for training.

Internet Provider Name: _____
Web Address: _____
Course Name (s): _____

Briefly describe why you feel this online training will best meet your training purposes.

Fax or mail completed form to:

KEPRO
1007 Bullitt Street, Suite 200
Charleston, WV 25301
Attn: TBI Waiver Manager
Fax #: 866.607.9903

You will receive a written decision within 30 days of receipt of this request.