

**File Layout -**

**1. CSV file**

**2. Required 'Y' indicates record cannot be processed if not populated**

<b>Field Description</b>	<b>Required</b>	<b>datatype</b>	<b>MaxLength</b>
Last Name	Y	character	50
First Name	Y	character	30
Middle Name	N	character	30
SSN (Last 4)	Y	numeric	4
Date of Birth	Y	character (mm/dd/yyyy)	10
Training Date	Y	character (mm/dd/yyyy)	10
License Number	N	character (should include prefix)	15
Course Number	Y	character	
Course Name	Y	character	80
Credits	Y	numeric	6,2
Provider Id or License Number	Y	If 'DOS' approved please provide the license #, If approved by other agency then submit Provider Identification code	15
Provider Name	N		80
Certification No	N	Certification # issued by CE Provider	15
Course Approval Agency	Y	<b>DOS or DPW</b>	10