**Division of Early Learning**

**Trainer Approval Program**

**Initial Approval Application**

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| **Entity Information** **ORGANIZATIONS ONLY** | Entity Name:Mailing Address:Website:Business or Tax ID:Type of Business: [ ]  Non-profit [ ]  For profitIs entity licensed to do business in DC? [ ]  Yes [ ]  No |
| **Primary Contact Information****INDIVIDUALS AND ORGANIZATIONS** | Name of Primary Contact:Title/Position:Mailing AddressTelephone Number:E-mail Address: |
| **Training Content Level and Delivery Method** | Select the level(s) for which your entity is prepared to train and/or coach.[ ]  Basic [ ]  Intermediate [ ]  AdvancedNOTE: Intermediate- and advanced-level trainings must include a pre- and post-test. Advanced-level trainings must have an action plan with a follow-up activity.Training Delivery Method (check all that apply)[ ]  In person [ ]  Web-based instruction [ ]  DVD or CD instruction |
| **Credits** | What will training participants receive after completing training?[ ]  Professional Learning Units/Clock Hours[ ]  Continuing Education Units (CEUs)If participants will receive CEUs, check off whether either of the following apply.[ ]  International Association for Continuing Education and Training (IACET) accredited[ ]  CEUs delivered via partnership with a college/university. Name of the college/university: |
| **Specialized Field** | Is your organization representing a specialized field with trainers who do not have an early childhood/child development degree or experience? Certifications must be attached.[ ]  No [ ]  Yes, the field is: |

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| **Core Knowledge Areas** | Select the core knowledge area(s) for which your or your trainers’ credentials align.[ ]  Child Growth and Development [ ]  Observing, Documenting and Assessing to Support Young Children and Families[ ]  Health, Safety and Nutrition[ ]  Curriculum [ ]  Inclusive Practices[ ]  Learning Environments [ ]  Building Family and Community Relationship[ ]  Diversity: Family, Language, Culture and Society[ ]  Program Management, Operation and Evaluation [ ]  Professionalism and Advocacy[ ]  Social-Emotional Development and Mental Health |
| **Trainer Demographics** **FOR INFORMATIONAL PURPOSES ONLY** | List the total number of trainers in each category.Total Number of ***Trainers Eligible to Conduct Trainings*** in DC: [ ]***Gender:*** [ ] Female [ ] Male***Ethnic Origin/Race:***[ ] Black or African American [ ] Hispanic[ ] Asian or Asian American [ ] Native Hawaiian/Pacific Islander[ ] American Indian/Alaska Native [ ] White or Caucasian[ ] Other ***Hispanic Origin:*** [ ] Yes [ ] No***Language:*** Do your trainers speak a language other than English?[ ]  No [ ]  Yes, we have trainers that speak the following language(s): |

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| **Current List of Trainers Seeking Approval**Trainers providing professional development in the District of Columbia must meet all Office of the State Superintendent of Education, Division of Early Learning Trainer Approval Program (TAP) requirements. List all individuals providing professional development on behalf of the organization. Attach the following documentation for each individual listed: resume, transcripts and credits related to core knowledge area(s). Individuals and organizations may apply for as many core knowledge areas as they have documentation to support. |
| **Trainer Name** | **Core Knowledge Area(s)** | **Content Level** | **Highest Degree Attained** |
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| **Additional Organization-Level Certifications**(e.g., Maryland approved trainer, Red Cross, etc. Must attach certification(s).) | **Certification Type** | **Certifying Agency or State** | **Expiration Date** |
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| **Evidence of Policy Alignment**Organizations must demonstrate that their policy for hiring District of Columbia trainers meets all of the initial ***and*** ongoing trainer approval requirements as stated in the *TAP Manual (November 2016)*. | Do you have evidence on file that the trainers listed in this application meet the requirements for the level ***and*** core knowledge area(s) for which your organization is seeking approval?[ ]  Yes [ ]  NoPlease attach resume and transcripts for all trainers listed and list attachments here:[ ]  I have enclosed a copy of the organization’s policy and procedures for hiring trainers.[ ]  I have enclosed a copy of the organization’s trainer application form (blank).[ ]  I have enclosed a copy of the organization’s trainer application form (completed copy from a current trainer’s file).  |

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| **Contact Information –** **Trainer Name(s)***Individual and all trainers in organization applying for approval* | **Core Knowledge Area(s)** | **Training Content Level***Complete for highest level to be approved* |
| **Credits Related to Core Knowledge Areas**Complete for each core knowledge area selected. Repeat as needed.  |
| **Core Knowledge Area** |  |
| **Full Title of Course** |  | **Year Completed** |  |
| **Full Name of College** |  |
| **Location – City & State** |  | **Outside of USA?** | [ ]  Yes[ ]  No |
| **Credit Level** | [ ]  Undergraduate Level[ ]  Graduate Level | **Number of Credits** |  |
| **Justification** Why is the course aligned with this core knowledge area? |  |

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| **Credits Related to Core Knowledge Areas** |
| **Core Knowledge Area** |  |
| **Full Title of Course** |  | **Year Completed** |  |
| **Full Name of College** |  |
| **Location – City & State** |  | **Outside of USA?** |  |
| **Credit Level** | [ ]  Undergraduate Level[ ]  Graduate Level | **Number of Credits** |  |
| **Justification** Why is the course aligned with this core knowledge area? |  |

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| **Credits Related to Core Knowledge Areas** |
| **Core Knowledge Area** |  |
| **Full Title of Course** |  | **Year Completed** |  |
| **Full Name of College** |  |
| **Location – City & State** |  | **Outside of USA?** |  |
| **Credit Level** | [ ]  Undergraduate Level[ ]  Graduate Level | **Number of Credits** |  |
| **Justification** Why is the course aligned with this core knowledge area? |  |

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| **Credits Related to Core Knowledge Areas** |
| **Core Knowledge Area** |  |
| **Full Title of Course** |  | **Year Completed** |  |
| **Full Name of College** |  |
| **Location – City & State** |  | **Outside of USA?** |  |
| **Credit Level** | [ ]  Undergraduate Level[ ]  Graduate Level | **Number of Credits** |  |
| **Justification** Why is the course aligned with this core knowledge area? |  |

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| **Credits Related to Core Knowledge Areas** |
| **Core Knowledge Area** |  |
| **Full Title of Course** |  | **Year Completed** |  |
| **Full Name of College** |  |
| **Location – City & State** |  | **Outside of USA?** |  |
| **Credit Level** | [ ]  Undergraduate Level[ ]  Graduate Level | **Number of Credits** |  |
| **Justification** Why is the course aligned with this core knowledge area? |  |

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| **Credits Related to Core Knowledge Areas** |
| **Core Knowledge Area** |  |
| **Full Title of Course** |  | **Year Completed** |  |
| **Full Name of College** |  |
| **Location – City & State** |  | **Outside of USA?** |  |
| **Credit Level** | [ ]  Undergraduate Level[ ]  Graduate Level | **Number of Credits** |  |
| **Justification** Why is the course aligned with this core knowledge area? |  |

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| **Credits Related to Core Knowledge Areas** |
| **Core Knowledge Area** |  |
| **Full Title of Course** |  | **Year Completed** |  |
| **Full Name of College** |  |
| **Location – City & State** |  | **Outside of USA?** |  |
| **Credit Level** | [ ]  Undergraduate Level[ ]  Graduate Level | **Number of Credits** |  |
| **Justification** Why is the course aligned with this core knowledge area? |  |

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| **Credits Related to Core Knowledge Areas** |
| **Core Knowledge Area** |  |
| **Full Title of Course** |  | **Year Completed** |  |
| **Full Name of College** |  |
| **Location – City & State** |  | **Outside of USA?** |  |
| **Credit Level** | [ ]  Undergraduate Level[ ]  Graduate Level | **Number of Credits** |  |
| **Justification** Why is the course aligned with this core knowledge area? |  |

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| **Attachments** | ☐ I have enclosed a copy of my resume and my transcript(s), which include the courses listed above.☐ I have a degree from an institution outside of the United States and I have enclosed the foreign credential evaluation. |

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| **HIGHER EDUCATION** |
| **Degree Level** | **Full Name of Degree** | **Date Awarded** | **Full Name of College** | **Location of College** |
| City & State | Outside of the USA? |
| Associates |  |  |  |  | [ ]  Yes[ ]  No |
| Bachelors |  |  |  |  | [ ]  Yes[ ]  No |
| Masters |  |  |  |  | [ ]  Yes[ ]  No |
| PhD or EdD |  |  |  |  | [ ]  Yes[ ]  No |
| Specialized Field\* | Credential: |  | Awarded by: |  | [ ]  Yes[ ]  No |

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| **Prior Training Experience with Adult Learners**Only 50 percent of the training submitted can include those provided to your employees or colleagues as a part of your job functions. The remaining 50 percent must include training delivered to external groups. |
|  | **Date** | **Event** | **Where Was Training Held?** | **Topic** | **Clock Hours** | **Core Knowledge Area(s)** |
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| **Additional Certifications** Related certifications |
| **Certification Type** | **Certifying Agency or State** | **Expiration Date** |
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| **Work Experience in an Early Childhood Setting** |
| **Employer** | **State** | **Length of Employment** | **Full-time or Part-time** | **Position** |
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**Sample Training Module**

Complete a sample training module for each core knowledge area and at the highest training content level for which you are seeking approval. Core knowledge areas cannot be combined. Please refer to “Training Module Evaluation Rubric” in the *TAP Manual (November 2016)* to understand how the module will be evaluated.

**Title of Training**:

**Length of Training:**

**Core Knowledge Area**

[ ]  Child Growth and Development

[ ]  Observing, Documenting and Assessing to Support Young Children and Families

[ ]  Health, Safety and Nutrition

[ ]  Curriculum

[ ]  Inclusive Practices

[ ]  Learning Environments

[ ]  Building Family and Community Relationship

[ ]  Diversity: Family, Language, Culture and Society

[ ]  Program Management, Operation and Evaluation

[ ]  Professionalism and Advocacy

[ ]  Social-Emotional Development and Mental Health

**Level:** [ ]  Basic [ ]  Intermediate [ ]  Advanced

**Target Audience** Check all that apply.

[ ]  Before-/after-school age program staff

[ ]  Staff working with ages zero to two

[ ]  Staff working with ages two to four

[ ]  Staff working with ages four to five

[ ]  Staff working with kindergarten to third graders

[ ]  Early intervention/special education staff

[ ]  Program administrators

[ ]  Other (please specify):

**Brief Description of Training**:

**Three Major Training Outcomes**

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| **At the end of this training, the learner will be able to:** |
| 1.  |
| 2.  |
| 3.  |

**Learning Opportunities and Training Pace**

*Must be aligned with training outcomes, depth to content/Bloom’s Taxonomy and core knowledge areas.*

| **Activity/Learning Opportunities** | **Length of Activity** | **Goal of This Activity** |
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**Methods of Delivery**

***How will training engage auditory learners?***

***How will training engage kinesthetic learners?***

***How will training engage visual learners?***

**References/Resources**

What scholarly resources are used to support the training content? A minimum of three from the past 10 years are required.

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| **Title** | **Source** | **Author** | **Date** |
| ***Name of Source*** | ***Type of Source*** |
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**Note:** If this is an ***intermediate-***or***advanced-level training***, please include a pre-test and post-test. If this is an ***advanced-level training***, please include a pre-test, a post-test and an action plan with a follow-up activity.

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| **References** | Name of Reference One:Title/Affiliation: Relationship to Applicant: Phone Number: Email Address: Name of Reference Two:Title/Affiliation: Relationship to Applicant: Phone Number: Email Address: |
| **Confirmation of Eligibility** | I attest that the information included in this application is, to the best of my knowledge, true and accurate.If approved as an individual trainer/training organization, I/we will deliver trainings at the training level and in the core knowledge area(s) in which I/we have been approved.I have evidence on file that the trainers listed in this application, at minimum, meet the requirements for the training level and in the core knowledge area(s) in which I/our organization am/is seeking approval.I have read the *Trainer Approval Program Manual (November 2016)* and I/our organization will uphold the guiding principles of the Trainer Approval Program.I understand that approval as an individual trainer/ training organization through this application process is not equivalent to a certification and does not guarantee employment. Signature of individual applicant/primary contact for organization Date |
| **Submission Procedures** | Applications must be submitted via email on or before the due date (January 31, 2020).* Scan the application and all attachments as one document.
* Include “Application - Trainer Approval Program” as the subject line.
* Email applications to DC Child Care Connections at OSSE.DCchildcareconnections@dc.gov.
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