



DISTRICT OF COLUMBIA
 OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

**Division of Early Learning
 Trainer Approval Program
 Initial Approval Application**

Entity Information ORGANIZATIONS ONLY	Entity Name: Mailing Address: Website: Business or Tax ID: Type of Business: <input type="checkbox"/> Non-profit <input type="checkbox"/> For profit Is entity licensed to do business in DC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Contact Information INDIVIDUALS AND ORGANIZATIONS	Name of Primary Contact: Title/Position: Mailing Address Telephone 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. <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced NOTE: 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) <input type="checkbox"/> In person <input type="checkbox"/> Web-based instruction <input type="checkbox"/> DVD or CD instruction
Credits	What will training participants receive after completing training? <input type="checkbox"/> Professional Learning Units/Clock Hours <input type="checkbox"/> Continuing Education Units (CEUs) If participants will receive CEUs, check off whether either of the following apply. <input type="checkbox"/> International Association for Continuing Education and Training (IACET) accredited <input type="checkbox"/> 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. <input type="checkbox"/> No <input type="checkbox"/> Yes, the field is:

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

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
1.				
2.				
3.				

Contact Information – Trainer Name(s) <i>Individual and all trainers in organization applying for approval</i>	Core Knowledge Area(s)	Training Content Level <i>Complete for highest level to be approved</i>	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Level	<input type="checkbox"/> Undergraduate Level <input type="checkbox"/> Graduate Level	Number of Credits	
Justification Why is the course aligned with this core knowledge area?			

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	<input type="checkbox"/> Undergraduate Level <input type="checkbox"/> Graduate Level	Number of Credits	
Justification Why is the course aligned with this core knowledge area?			

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	<input type="checkbox"/> Undergraduate Level <input type="checkbox"/> Graduate Level	Number of Credits	
Justification Why is the course aligned with this core knowledge area?			

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	<input type="checkbox"/> Undergraduate Level <input type="checkbox"/> Graduate Level	Number of Credits	
Justification Why is the course aligned with this core knowledge area?			

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	<input type="checkbox"/> Undergraduate Level <input type="checkbox"/> 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	<input type="checkbox"/> Undergraduate Level <input type="checkbox"/> Graduate Level	Number of Credits	
Justification Why is the course aligned with this core knowledge area?			

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	<input type="checkbox"/> Undergraduate Level <input type="checkbox"/> Graduate Level	Number of Credits	
Justification Why is the course aligned with this core knowledge area?			

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	<input type="checkbox"/> Undergraduate Level <input type="checkbox"/> Graduate Level	Number of Credits	
Justification Why is the course aligned with this core knowledge area?			

Attachments	<input type="checkbox"/> I have enclosed a copy of my resume and my transcript(s), which include the courses listed above. <input type="checkbox"/> 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					<input type="checkbox"/> Yes <input type="checkbox"/> No
Bachelors					<input type="checkbox"/> Yes <input type="checkbox"/> No
Masters					<input type="checkbox"/> Yes <input type="checkbox"/> No
PhD or EdD					<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialized Field*	Credential:		Awarded by:		<input type="checkbox"/> Yes <input type="checkbox"/> No

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)

1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Additional Certifications		
Related certifications		
Certification Type	Certifying Agency or State	Expiration Date

Work Experience in an Early Childhood Setting				
Employer	State	Length of Employment	Full-time or Part-time	Position

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.

References	<p>Name of Reference One: Title/Affiliation: Relationship to Applicant: Phone Number: Email Address:</p> <p>Name of Reference Two: Title/Affiliation: Relationship to Applicant: Phone Number: Email Address:</p>
Confirmation of Eligibility	<p>I attest that the information included in this application is, to the best of my knowledge, true and accurate.</p> <p>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.</p> <p>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.</p> <p>I have read the <i>Trainer Approval Program Manual (November 2016)</i> and I/our organization will uphold the guiding principles of the Trainer Approval Program.</p> <p>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.</p> <p>_____</p> <p>Signature of individual applicant/primary contact for organization</p> <p>_____</p> <p>Date</p>
Submission Procedures	<p>Applications must be submitted via email on or before the due date (January 31, 2020).</p> <ul style="list-style-type: none"> • 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.