DISTRICT OF COLUMBIA OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

Division of Early Learning Trainer Approval Program Initial Approval Application

	Entity Name:				
Entity	Mailing Address:				
Information	Website:				
ORGANIZATIONS	Business or Tax ID:	:			
ONLY	Type of Business:		🗆 Non-profit	🗆 For pro	ofit
	Is entity licensed to	o do business	in DC?	🗆 Yes	□ No
Primary Contact	Name of Primary C	Contact:			
Information	Title/Position:				
INDIVIDUALS	Mailing Address				
AND	Telephone Numbe	er:			
ORGANIZATIONS	E-mail Address:				
	Select the level(s)	for which you	r entity is prepar	ed to train and	/or coach.
	🗆 Basic	🗆 Intermed	iate	□ Advanced	
Training Content	NOTE: Intermediate- and advanced-level trainings must include a pre- and post-				
Level and Delivery Method	test. Advanced-level trainings must have an action plan with a follow-up activity.				
Delivery Method	Training Delivery N	Aethod (check	all that apply)		
	□ In person	-	ed instruction	DVD or CD	instruction
	What will training	participants re	eceive after com	pleting training	?
	□ Professional Learning Units/Clock Hours				
	Continuing Educ				
Credits	If participants will	-	-	er either of the	following apply.
Credits	International Association for Continuing Education and Training (IACET) accredited				
	CEUs delivered via partnership with a college/university. Name of the college/university:				
Specialized Field	an early childhood be attached.	l/child develop			s who do not have ertifications must
	🗆 No 🛛 Ye	es, the field is:			

	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			
Core Knowledge	Inclusive Practices			
Areas	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			
	List the total number of trainers in each category.			
	Total Number of <i>Trainers Eligible to Conduct Trainings</i> in DC: []			
	Gender: [] Female [] Male			
Trainer	Ethnic Origin/Race:			
Demographics	[] Black or African American [] Hispanic			
FOR	[] Asian or Asian American [] Native Hawaiian/Pacific Islander			
INFORMATIONAL	[] American Indian/Alaska Native [] White or Caucasian			
PURPOSES ONLY	[] 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):			

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.				

4.		
5.		
6.		
7.		
8.		
9.		
10.		

Additional Organization- Level	Certification Type	Certifying Agency or State	Expiration Date
Certifications			
(e.g., Maryland approved trainer,			
Red Cross, etc. Must attach			
certification(s).)			

Evidence of	Do you have evidence on file that the trainers listed in this application meet the
Policy Alignment	requirements for the level <i>and</i> core knowledge area(s) for which your
Organizations must	organization is seeking approval?
demonstrate that their policy for hiring District of	Please attach resume and transcripts for all trainers listed and list attachments here:
Columbia trainers meets all of the initial and	I have enclosed a copy of the organization's policy and procedures for hiring trainers.
ongoing trainer approval	 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
requirements as stated in the TAP	(completed copy from a current trainer's file).
Manual (November	
2016).	

Contact Information – Trainer Name(s) Individual and all trainers in organization applying for approval		Core Knowledge Area(s)	Training Cor Complete for level to be	or highest
Credits Related to Core	Knowledge A	Areas		
Complete for each core	knowledge a	rea 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	🗆 Undergra	duate Level	Number of	
	🗆 Graduate	Level	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	Undergraduate Level	Number of	
	Graduate Level	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	 Undergraduate Level 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	
		compieted	
Full Name of College			
Location – City &		Outside of	
State		USA?	
Credit Level	Undergraduate Level	Number of	
	Graduate Level	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	 Undergraduate Level 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	Undergraduate Level	Number of		
	Graduate Level	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	Undergraduate Level	Number of			
	Graduate Level	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	 Undergraduate Level Graduate Level 	Number of Credits	
Justification Why is the course aligned with this core knowledge area?			

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.

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

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		

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
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□ Advanced

Target Audience Check all that apply.

- □ Before-/after-school age program staff
- □ Staff working with ages zero to two
- \Box Staff working with ages two to four
- \Box Staff working with ages four to five
- \Box 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

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

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.

Title	Source		Author	Date
	Name of Source	Type of Source		

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.

	Name of Deferring Ones
	Name of Reference One:
	Title/Affiliation:
	Relationship to Applicant:
	Phone Number:
	Email Address:
References	
	Name of Reference Two:
	Title/Affiliation:
	Relationship to Applicant:
	Phone Number:
	Email Address:
	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.
Confirmation of	I have read the Trainer Approval Program Manual (November 2016) and I/our
Eligibility	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
	Applications must be submitted via email on or before the due date (January 31,
	2020).
Submission	 Scan the application and all attachments as one document.
Procedures	
i loccuires	 Include "Application - Trainer Approval Program" as the subject line.
	Email applications to DC Child Care Connections at
	OSSE.DCchildcareconnections@dc.gov.