DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

Division of Early Learning
Trainer Approval Program
Renewal Application

Primary Contact Information **INDIVIDUALS AND ORGANIZATIONS**	Name of Primary Contact: Title/Position: Mailing Address: Telephone Number: E-mail Address:
Entity Information **ORGANIZATIONS ONLY**	Entity Name: Mailing Address: Website: Business or Tax ID: Type of Business: ☐ Non-profit ☐ For profit Is entity licensed to do business in DC? ☐ Yes ☐ No
Training Delivery Method and Content Level	☐ In-person instruction ☐ Web-based instruction ☐ DVD or CD instruction ☐ Other platform:
Current Training Content Level	Select the level(s) for which your entity is certified to train and/or coach. ☐ Basic ☐ Intermediate ☐ Advanced
Credits	What will training participants receive after completing training? ☐ Clock Hours ☐ Continuing Education Units (CEUs) If participants will receive CEUs, check off whether either of the following apply. ☐ International Association for Continuing Education & 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 early childhood/child development degree or experience? Certifications must be attached. ☐ No ☐ Yes, the field is:

Core Knowledge Areas	Select the core knowledge area(s) in which you or your trainers are currently approved to train. ☐ 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
Evidence of Policy Alignment	Organizations must demonstrate that their policy for hiring DC trainers meets all of the initial and ongoing trainer approval requirements as stated in the *Trainer Approval Program Manual (November 2016)*. Do you have evidence on file that the trainers listed in this application meet the Trainer Approval Program Renewal Requirements? ☐ Yes ☐ No
Quarterly Reports	Did you/your organization submit timely quarterly reports for every quarter of your certification period? ☐ Yes ☐ No

Current List of Trainers Eligible to Conduct Trainings in DC Trainers conducting trainings in DC must meet all TAP trainer approval requirements. Only approved trainers that were listed on the initial approval application need be listed here. New trainers for organizations must submit a resume, transcripts and credits related to core knowledge area(s) along with sample training modules for approval.			
	Trainer	**Core Knowledge Area(s)**	**Level**
1.			
2.			
3.			
4.			
5.			

Train-the-Trainer Seminars that Focus on Adult Learning Theories	Did all trainers attend a Train-the-Trainer seminar within the three-year certification period? ☐ Yes (Attach a copy of the completion certificates for each trainer.) ☐ No
Professional Learning Units/ Clock Hours	Certified trainers must accrue at least 10 professional learning units or clock hours during the three years that their certification is valid. Attach a separate sheet to list trainings.
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):
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.