

Organization Information**(Application must be typed)**

Name of Organization:

Complete Mailing Address:

Website:

Business or Tax ID Number:

Type of Business Non-profit For profitIs this organization licensed to do business in DC? Yes NoTraining Delivery Method In person Web-based instruction DVD or CD instruction
 Other platform:

What will training participants receive after completing training?

 Clock Hours Continuing Education Units (CEUs) International Association for Continuing Education & Training (IACET) Accredited CEUs delivered via partnership with: (college/university)

Attachments:

 I have enclosed a copy of the organization's business or tax ID number**Primary Contact Information**

Name of Primary Contact:

Title/Position:

Telephone Number:

Email Address:

Training Level Organization WideSelect the level for which you are applying Basic Intermediate Advanced**Specialized Field**Is your organization representing a specialized field with trainers who do not have early childhood/child development degree or experience? No Yes, the field is:**What Core Knowledge Area(s) is your Organization Seeking Approval For?**

Select the Core Knowledge Area(s)

 Child Growth and Development Health, Safety, and Nutrition Curriculum Inclusive Practices Learning Environments Observing, Documenting and Assessing to

Support Young Children and Families

 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

Additional Organization-Level Certifications

(for informational purpose only; example: Maryland approved trainer, Red Cross certified instructor, etc.)

Certification Type	Certifying Agency or State	Expiration Date

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 Policy and Procedures Manual*.

Do you have evidence on file that the trainers* listed in this application meet the requirements for the level and core knowledge area your organization is seeking approval in? Yes No

Attachments:

- 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)

**For distance education program, trainer refers to curriculum developer or training facilitator.*

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? *(minimum 3 within the past 10 years)*

Title	Source		Author	Date
	Name of Source	Type of Source		

If this is an **intermediate and advanced** level training, please include pre-test and post-test.

If this is an **advanced** level training, please include action plan or follow-up activity.

Organization References

	Name of Reference	Title/Affiliation	Relationship to Applying Organization	Phone Number	Email Address
1.					
2.					

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 a training organization, we will deliver trainings at the training level and in the core knowledge areas in which 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) our organization is seeking approval in.

I have read the Trainer Approval Program Policy and Procedures Manual and will uphold the Guiding Principles of this program.

I understand that approval as a training organization through this application process is not equivalent to a certification, and does not guarantee employment.

Signature of Applicant

Date:

Submission Procedures

Applications must be received (not postmarked) via mail or email by the due date.

Email Applications to: diane.mason@dc.gov

Mail Applications to:
Diane Mason
Division of Early Childhood Education
Office of the State Superintendent of Education
810 First Street NE, 4th Floor
Washington, DC 20002
(202) 727-8118