Organization Information

(Application must be typed)

Name of Organization	n:	
Complete Mailing Ac	idress:	
Website:		
Business or Tax ID N	umber:	
Type of Business	☐ Non-profit ☐ For p	rofit
Is this organization li	censed to do business in DC?	□ Yes □ No
Training Delivery Me	ethod 🗆 In person Other platform	$\hfill \square$ Web-based instruction $\hfill \square$ DVD or CD instruction m:
☐ Clock Hours ☐ Continuing Educat ☐ International ☐ CEUs delivere Attachments:		cation & Training (IACET) Accredited /university)
Primary Contact Information Name of Primary Contact Information		
Title/Position:		
Telephone Number:		
Email Address:		
Training Level Organization Select the level for w	tion Wide which you are applying □ Bas	sic 🗆 Intermediate 🗆 Advanced
	representing a specialized field e or experience?	with trainers who do not have early childhood/child — Yes, the field is:
What Core Knowledge A Select the Core Know	A rea(s) is your Organizatio Vledge Area(s)	n Seeking Approval For?
□ Child Growth and□ Health, Safety, and□ Curriculum□ Inclusive Practices□ Learning Environn	Development d Nutrition s nents nenting and Assessing to	 □ 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 <u>Organization-Level</u> 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

approval requirements as stated in the <i>Trainer Approval Program Policy and Procedures Manual</i> .
Do you have evidence on file that the trainers* listed in this application meet the requirements for the level \underline{and} core knowledge area your organization is seeking approval in? \Box Yes \Box 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.

Current List of Trainers Eligible to Conduct Trainings in DC

(trainers conducting trainings in DC must meet all ECE trainer approval requirements)

Trainer	Core Knowledge Area(s)	Level
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Trainers Demographics (for informational purpose only)

Total Number of Trainers Eligible to Conduct Trainings in DC:						
List Total Number of Trainers in Each Category Gender: [] Female Trainers [] Male Trainers						
Ethnic Origin/Rac	ce:					
Hispanic Origin	[] Yes	[]	No			
Asian Indiar Slack or Af Slack or Af Shift Chinese Slipino Slapanese Slapanese Slapanese Slapanese	rican American vaiian/Pacific Islander n: fic Islander					
Language:	Do your trainers speak a language ☐ No ☐ Yes, we have trainers that speak			_		

Sample Training Module

(complete for each core knowledge area and at the <u>highest</u> training content level you are seeking; please refer to module evaluation rubric in Trainer Approval Manual to understand how the module will be evaluated)

	Title of Training: L				Length of Training:		
	Core Knowledge Area:						
	Level : □ Basic	□ Interm	ediate \Box A	dvanced			
	Target Audience: check all that apply						
	[] Before/After Sch [] Staff Working wi [] Staff Working wi [] Staff Working wi [] Staff Working wi [] Other (please sp	ith 0-2 Year Old: ith 2-4 Year Old: ith 4-5 Year Old: ith K – 3 rd Grade pecify):	s s s] Early Intervention/Special Education Staff] Program Administrators		
	Three Major Traini	ing Outcomes	:				
At th	e end of this training, th	he learner will b	e able to:				
1.							
2.							
3.							
	Learning Opportur (must aligned with tr		•	Bloom's T	axonomy, core knowledge areas)		
,	Activity / Learning Oppo	ortunities	Length of Activity		Goal of this Activity		

Activity / Learning Opportunities	Length of Activity	Goal of this Activity

How will training engage auditory learners?	

How will training engage kinesthetic learners?

How will training engage visual learners?

References/Resources:

Methods of Delivery:

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 <u>advanced</u> 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