



DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF

# EDUCATION

## TRAINER APPROVAL PROGRAM Exempt Application

If seeking exempt approval through the Trainer Approval Program (TAP), first contact DC CCC ([OSSE.DCchildcareconnections@dc.gov](mailto:OSSE.DCchildcareconnections@dc.gov) or (202) 678-0027) to confirm eligibility and to discuss any questions. Applications for exempt trainers do not have to be submitted during the regular TAP application cycle; they may be submitted at any time of the year.

The exempt application is now an online application that may be found through the TAP webpage on OSSE's website: <https://osse.dc.gov/publication/trainer-approval-program-tap-process>. The form presented here is provided only as an aid in the preparation of information and materials needed to complete the online application. The exempt application will ONLY be accepted as submitted online through the mentioned link. Please be sure to consult the "Initial Approval Application Checklist" in Appendix A of the *TAP Manual (June 2020)*.

### APPLICANT INFORMATION

<b>Name of Organization or Agency</b>	
<b>Type</b>	<input type="checkbox"/> DC Government <input type="checkbox"/> Non-DC Government
<b>Mission or Goal</b>	
<b>Primary Contact</b>	Name of Primary Contact: Mailing Address: Email: Office Phone Number: Cell Phone Number:
<b>Alternate Contact</b>	Name of Alternate Contact: Email: Office Phone Number: Cell Phone Number:
<b>Logistics</b>	Where are trainings typically held? Are training locations metro accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No

	<p>Are training locations wheelchair accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do training locations have parking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do training participants receive a certificate at the end of each training?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are trainings offered in languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what language(s):</p>
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**TRAINING INFORMATION**

<b>Training Level</b>	<p>Select the level(s) for which your organization/ agency is prepared to train and/or coach.</p> <p><input type="checkbox"/> Basic - The audience is somewhat new to the concept and needs to learn or relearn the basics.</p> <p><input type="checkbox"/> Intermediate - The audience understands the basics but needs to apply what is learned.</p> <p><input type="checkbox"/> Advanced - The audience understands the basics, has already applied the concepts but needs to understand how to evaluate and synthesize the effectiveness of implementation.</p>
<b>Core Knowledge Areas</b>	<p>Select the core knowledge area(s) for which your trainers' credentials align.</p> <p><input type="checkbox"/> 1 - Child Growth and Development</p> <p><input type="checkbox"/> 2 - Observing, Documenting and Assessing to Support Young Children and Families</p> <p><input type="checkbox"/> 3 - Health, Safety and Nutrition</p> <p><input type="checkbox"/> 4 - Curriculum</p> <p><input type="checkbox"/> 5 - Inclusive Practices</p> <p><input type="checkbox"/> 6 - Learning Environments</p> <p><input type="checkbox"/> 7 - Building Family and Community Relationship</p> <p><input type="checkbox"/> 8 - Diversity: Family, Language, Culture and Society</p> <p><input type="checkbox"/> 9 - Program Management, Operation and Evaluation</p> <p><input type="checkbox"/> 10 - Professionalism and Advocacy</p> <p><input type="checkbox"/> 11 - Social-Emotional Development and Mental Health</p>
<b>Trainers</b>	<p>List all individuals your organization/ agency would like to provide trainings for the District of Columbia early learning workforce.</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>

<b>Are trainers employees of your agency?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If no, explain:</b>	
<b>Target Audience of Trainings</b>	Check all that apply. <input type="checkbox"/> Teachers <input type="checkbox"/> Administrators <input type="checkbox"/> All <input type="checkbox"/> Teacher Assistants <input type="checkbox"/> Directors <input type="checkbox"/> Other:		

**SAMPLE TRAINING MODULE**

Complete this section for a sample training for one core knowledge area at the highest training content level the applicant wishes to provide to the District of Columbia early learning workforce. Please include a PowerPoint or similar file that would be used in presenting this sample training module.

<b>Title of Training</b>	
<b>Training Topic</b>	
<b>Training Level</b>	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
<b>Core Knowledge Area(s) Training is Aligned With</b>	<input type="checkbox"/> 1 - Child Growth and Development <input type="checkbox"/> 2 - Observing, Documenting and Assessing to Support Young Children and Families <input type="checkbox"/> 3 - Health, Safety and Nutrition <input type="checkbox"/> 4 - Curriculum <input type="checkbox"/> 5 - Inclusive Practices <input type="checkbox"/> 6 - Learning Environments <input type="checkbox"/> 7 - Building Family and Community Relationship <input type="checkbox"/> 8 - Diversity: Family, Language, Culture and Society <input type="checkbox"/> 9 - Program Management, Operation and Evaluation <input type="checkbox"/> 10 - Professionalism and Advocacy <input type="checkbox"/> 11 - Social-Emotional Development and Mental Health
<b>Training Goal</b>	
<b>Length of Training</b>	
<b>How often will this training be held?</b>	
<b>Target Audience</b>	Check all that apply. <input type="checkbox"/> Teachers <input type="checkbox"/> Administrators <input type="checkbox"/> All

	<input type="checkbox"/> Teacher Assistants <input type="checkbox"/> Directors <input type="checkbox"/> Other:
<b>Brief Description of Training</b>	

**Three Major Training Outcomes**

<b>At the end of this training, the learner will be able to:</b>
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.

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Signature of primary contact for organization

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Date