DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

TRAINER APPROVAL PROGRAM
Renewal Application

The Trainer Approval Program (TAP) renewal application for individual and organization certified trainers is now an online application that may 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 renewal application will ONLY be accepted as submitted online through the mentioned link. Please be sure to consult the "Renewal Application Checklist" in Appendix A of the *TAP Manual (June 2020)*.

Applicant Information	Name of Approved ☐ Individual or ☐ Organization: Complete Mailing Address: Website: Business or Tax ID Number: Type of Business ☐ Non-profit ☐ For-profit Is this organization licensed to do business in DC? ☐ Yes ☐ No
Primary Contact Information **ORGANIZATIONS AND INDIVIDUALS**	Name of Primary Contact: Title/Position: Mailing Address: Telephone Number: E-mail Address:
Training Delivery Method	☐ In person ☐ 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) ☐ International Association for Continuing Education and Training (IACET) Accredited ☐ CEUs delivered via partnership with (college/university)

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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. ☐ 1 - Child Growth and Development ☐ 2 - Observing, Documenting and Assessing to Support Young Children and Families ☐ 3 - Health, Safety and Nutrition ☐ 4 - Curriculum ☐ 5 - Inclusive Practices ☐ 6 - Learning Environments ☐ 7 - Building Family and Community Relationship ☐ 8 - Diversity: Family, Language, Culture and Society ☐ 9 - Program Management, Operation and Evaluation ☐ 10 - Professionalism and Advocacy ☐ 11 - 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 *TAP Manual (June 2020)*. 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 ECE 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/curriculum vitae, transcripts and documentation for credits aligned to core knowledge area(s) along with sample training modules for approval.

	Trainer	Core Knowledge Area(s)	Level
1.			
2.			
3.			

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

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 – If yes, attach a copy of the completion certificates for each trainer. ☐ No
Professional Learning Units/Clock Hours	Certified trainers must accrue at least six professional learning units or clock hours annually (18 total during the three years that their certification is valid). Attach a separate sheet to list trainings.

Trainer Demographics
 	
FOR INFORMATIONAL PURPOSES ONLY
	List 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
	[ ] Japanese [ ] Asian Indian
	[ ] Chinese [ ] Filipino
	[ ] Vietnamese [ ] Korean
	[ ] Other Asian [ ] American Indian or 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):

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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 *TAP Manual (June 2020)* and I/our organization will uphold the trainer expectations of the Trainer Approval Program (page 6 of the manual). 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

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