

**TRAINER APPROVAL PROGRAM**

**Initial Approval/Renewal Application Amendment**

A trainer certified through the Trainer Approval Program (TAP) may amend their approved initial approval/renewal application at any time of the year in the following ways:

* Add or remove trainers from the approved list (organization/exempt trainers only)
* Add a core knowledge area (CKA)
* Add a training delivery method
* Increase the training content level

The below table lists the required supporting documentation for each type of amendment. Please refer to the “Amending an Approved Certification” section in the *TAP Manual (July 2023)* for more information about the required documentation.

| **Item** | **Adding/removing trainers from the approved list** | **Adding a CKA(s)** | **Adding a training delivery method(s)** | **Increasing the training content level** |
| --- | --- | --- | --- | --- |
| **Resume(s)/ curriculum vitae(s)** | Required | Required |  | Required |
| **College transcripts** | Required | Required |  | Required |
| **Pertinent certifications/ licenses** | Required | Required |  |  |
| **Sample training module(s)** | Required | Required | Required if adding in-person and/or synchronous web-based training | Required |
| **Asynchronous web-based training access information** |  |  | Required if adding asynchronous web-based training |  |
| **Documentation for credits aligned to CKAs** |  |  |  | Required |

Please complete this form and send to Adriana Gomez of Hurley and Associates, LLC (H&A) at agomez@erhurleyassoc.com. If you have any questions about this form, contact Adriana Gomez ([agomez@erhurleyassoc.com](mailto:agomez@erhurleyassoc.com)).

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| **Applicant Information** | Name of Approved  Individual or  Organization: Click here to enter text.  Complete Mailing Address: Click here to enter text. |
| **Primary Contact Information**  **ORGANIZATIONS AND INDIVIDUALS** | Name of Primary Contact: Click here to enter text.  Title/Position: Click here to enter text.  Mailing Address (if different from mailing address entered in “Applicant Information” above): Click here to enter text.  Telephone Number: Click here to enter text.  Email Address: Click here to enter text. |
| **Trainer Certification Information** | TAP Trainer Approval Number: Click here to enter text.  Expiration Date: Click here to enter text. |
| **Amendment to Application Being Requested** | Add or remove trainers from the approved list (organization/exempt trainers only)  Add a CKA  Add a training delivery method  Increase the training content level |
| **CKAs: Current Approved CKA(s)** | Select the CKA(s) for which you/your entity are/is currently certified to train and/or coach.  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  12 - Personal Development and Self-Care  13 - Financial Literacy |

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| **Training Delivery Method: Current Approved Training Delivery Method** | Select the training delivery method(s) for which you/your entity are/is currently certified to train and/or coach.  In-person instruction  Synchronous web-based instruction  Asynchronous web-based instruction |
| **Training Content Level: Current Training Content Level** | Select the level(s) for which you/your entity are/is currently certified to train and/or coach.  Basic  Intermediate  Advanced |

**ADDING/REMOVING TRAINERS.** If adding or removing trainers from the approved list (organization/exempt trainers only), complete the following:

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| **Trainers: Current Approved List of Trainers** | List your entity’s current approved trainers.   * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. |
| **Trainers: Requested Amendment to Current Approved List of Trainers** | List the trainers that you would like to add to your current approved list of trainers. Please ensure that the required evidence to support this change (e.g., resume/curriculum vitae, transcripts, documentation for credits aligned to CKAs) is included for each trainer with the submission of this form.  Add:   * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text.   Remove:   * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. |
| **Trainers: Supporting Documentation Included with This Amendment** | Please ensure that the required supporting documentation for each trainer (e.g., resume/curriculum vitae, college transcripts, pertinent certifications/licenses, sample training module) is included with the submission of this form. Check off the included documentation and fill in the requested information below.  Resume/curriculum vitae  College transcripts  Pertinent certifications/licenses  Sample training module(s)/asynchronous web-based training access information (one for each additional CKA)   * Be sure to include a PowerPoint or similar file for each sample training module. |

**ADDING A CKA(S).** If adding a CKA(s), complete the following section:

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| **CKAs: Requested Amendment to Current Approved CKA(s)** | Select the CKA(s) that you/your entity would like to add to your current TAP certification.  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  12 - Personal Development and Self-Care  13 - Financial Literacy |

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| **CKAs: Supporting Documentation Included** | Please ensure that the required evidence to support a CKA addition (e.g., updated resume/curriculum vitae, college transcripts, pertinent certifications/licenses, sample training module/asynchronous web-based training access information) is included with the submission of this form. Check off the included documentation and fill in the requested information below.  Updated resume(s)/curriculum vitae   * Describe what updates to the resume(s)/curriculum vitae have been made to support a CKA addition: Click here to enter text.   College transcripts   * Describe what elements in the included transcripts (e.g., courses, credits) support a CKA addition: Click here to enter text.   Pertinent certifications/licenses  Sample training module(s)/asynchronous web-based training access information (one for each additional CKA)   * Be sure to include a PowerPoint or similar file for each sample training module. |

**ADDING A TRAINING DELIVERY METHOD(S).** If adding a training delivery method, complete the following section:

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| **Training Delivery Method: Requested Amendment to Current Approved Training Delivery Method** | Select the training delivery method that you/your entity would like to add to your current TAP certification. Please ensure that the required evidence to support this change or the information needed to access it (e.g., sample training module, asynchronous web-based training module, prerecorded webinar) is included with the submission of this form.  In-person instruction  Synchronous web-based instruction  Asynchronous web-based instruction |
| **Training Delivery Method: Supporting Documentation Included** | Please ensure that the required evidence to support a training delivery method addition (e.g., sample training module, asynchronous web-based training module, prerecorded webinar) is included with the submission of this form. Check off the included documentation and fill in the requested information below.  Sample training module (for in-person and synchronous web-based instruction)  Asynchronous web-based training   * Log-in credentials for H&A to access the website: Click here to enter text. * Information on how to access the modules/prerecorded webinar to review the training content: Click here to enter text. |

**INCREASING YOUR TRAINING CONTENT LEVEL.** If increasing your training content level, complete the following section:

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| **Training Content Level: Requested Amendment to Current Approved Training Content Level** | Select the training content level that you/your entity would like to increase to for your current TAP certification. Please ensure that the required evidence to support this change (e.g., updated resume/curriculum vitae, college transcripts, pertinent certifications/licenses, sample training module) is included with the submission of this form.  Basic  Intermediate  Advanced |
| **Training Content Level: Supporting Documentation Included** | Please ensure that the required evidence to support an increase in training content level (e.g., updated resume/curriculum vitae, college transcripts, documentation for credits aligned to CKAs, sample training module) is included with the submission of this form. Check off the included documentation and fill in the requested information below.  Updated resume(s)/curriculum vitae   * Describe what updates to the resume(s)/curriculum vitae have been made to support an increase in training content level: Click here to enter text.   College transcripts   * Describe what elements in the included transcripts (e.g., courses, credits) support an increase in training content level: Click here to enter text.   Documentation for credits aligned to CKAs  Sample training module(s)/asynchronous web-based training access information (one for each additional CKA)   * Be sure to include a PowerPoint or similar file for each sample training module. |