



OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

**Division of Early Learning Trainer Approval Program
Exempt Trainer Application**

If seeking exempt approval through the Trainer Approval Program (TAP), first contact Hurley and Associates, LLC (H&A) at OSSELMS@erhurleyassoc.com or (202) 905-2358 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 *TAP Additional Resources* (September 2023).

Applicant Information

Name of Organization or Agency	
Type	<input type="checkbox"/> DC Government <input type="checkbox"/> Non-DC Government
Mission or Goal	
Primary Contact	Name of Primary Contact: Mailing Address: Email: Office Phone Number: Cell Phone Number:
Alternate Contact	Name of Alternate Contact: Email: Office Phone Number: Cell Phone Number:
Logistics	Where are trainings typically held? <input type="checkbox"/> Yes <input type="checkbox"/> No Are training options primarily web-based and either synchronous or asynchronous? Are training locations metro accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Are training locations wheelchair accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Do training locations have parking? <input type="checkbox"/> Yes <input type="checkbox"/> No

	<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

Training Level	<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>
Core Knowledge Areas (CKAs)	<p>Select the CKA(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> <p><input type="checkbox"/> 12 - Personal Development and Self-Care</p> <p><input type="checkbox"/> 13 - Financial Literacy</p>
Trainer Demographics	<p>List the total number of trainers in each category.</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Race/Ethnic Origin:</p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic</p>

FOR INFORMATIONAL PURPOSES ONLY	<input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No Language: Do your trainers speak a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes, we have trainers that speak the following language(s):	
Trainers	List all individuals your organization/ agency would like to provide trainings for the District of Columbia early learning workforce. 1. 2. 3. 4. 5.	
Are trainers employees of your agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:
Target Audience of Trainings	Check all that apply. <input type="checkbox"/> Directors <input type="checkbox"/> Administrators <input type="checkbox"/> Expanded Home Caregivers/Home Caregivers <input type="checkbox"/> Teachers <input type="checkbox"/> Teacher Assistants <input type="checkbox"/> Associate Home Caregivers <input type="checkbox"/> Trainers <input type="checkbox"/> Instructional Coaches	

SAMPLE TRAINING MODULE

Complete this section for a sample training for one CKA 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.

Title of Training			
Training Topic			
Training Level	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

CKA(s) Training is Aligned With	<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 <input type="checkbox"/> 12 - Personal Development and Self-Care <input type="checkbox"/> 13 - Financial Literacy
Training Goal	
Length of Training	
How often will this training be held?	
Target Audience	<p>Check all that apply.</p> <input type="checkbox"/> Directors <input type="checkbox"/> Administrators <input type="checkbox"/> Expanded Home Caregivers/Home Caregivers <input type="checkbox"/> Teachers <input type="checkbox"/> Teacher Assistants <input type="checkbox"/> Associate Home Caregivers <input type="checkbox"/> Trainers <input type="checkbox"/> Instructional Coaches
Brief Description of Training	

Three Major Training Outcomes

At the end of this training, the learner will be able to:
1.
2.
3.

Engagement/Interactive Activities and Training Pace

Must be aligned with training objectives, depth to content/Bloom’s Taxonomy and CKAs.

Engagement / Interactive Activity	Length of Activity	Goal of This Activity

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
	<i>Name of Source</i>	<i>Type of Source</i>		

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.

Signature of primary contact for organization

Date