



District of Columbia  
Office of the State Superintendent of Education

# TRAINER APPROVAL PROGRAM (TAP) INITIAL APPROVAL APPLICATION IN QUICK BASE

Applicant User Guide

December 2020

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# Introduction

The purpose of this guide is to serve as a manual for the Office of the State Superintendent of Education (OSSE) Division of Early Learning (DEL) Trainer Approval Program (TAP) initial approval application in Quick Base.

The goal of TAP is to provide the DC early care and education (ECE) workforce with access to high-quality training opportunities in which they interact and learn with qualified presenters who will positively impact the quality of the care, teaching and learning that truly benefit children and families. Professional development (PD) trainers of DC's ECE workforce must possess professional career experiences and personal education backgrounds in the field that are relevant to and aligned with the mission of DEL PD objectives and priorities. Certified trainers vetted through the TAP application process are well versed in their areas of expertise and specific core knowledge area(s) and are able to effectively demonstrate their understanding of the District of Columbia Early Learning Standards (DC ELS).

The purpose of the TAP initial approval application in Quick Base is to facilitate the TAP process and the archiving of submitted applications.

# Application Modules

Below is the list of major TAP application Quick Base functions:

- Registration and sign-in;
- Submission of application information;
- Review of application information; and
- Contact DC Child Care Connections (DC CCC).

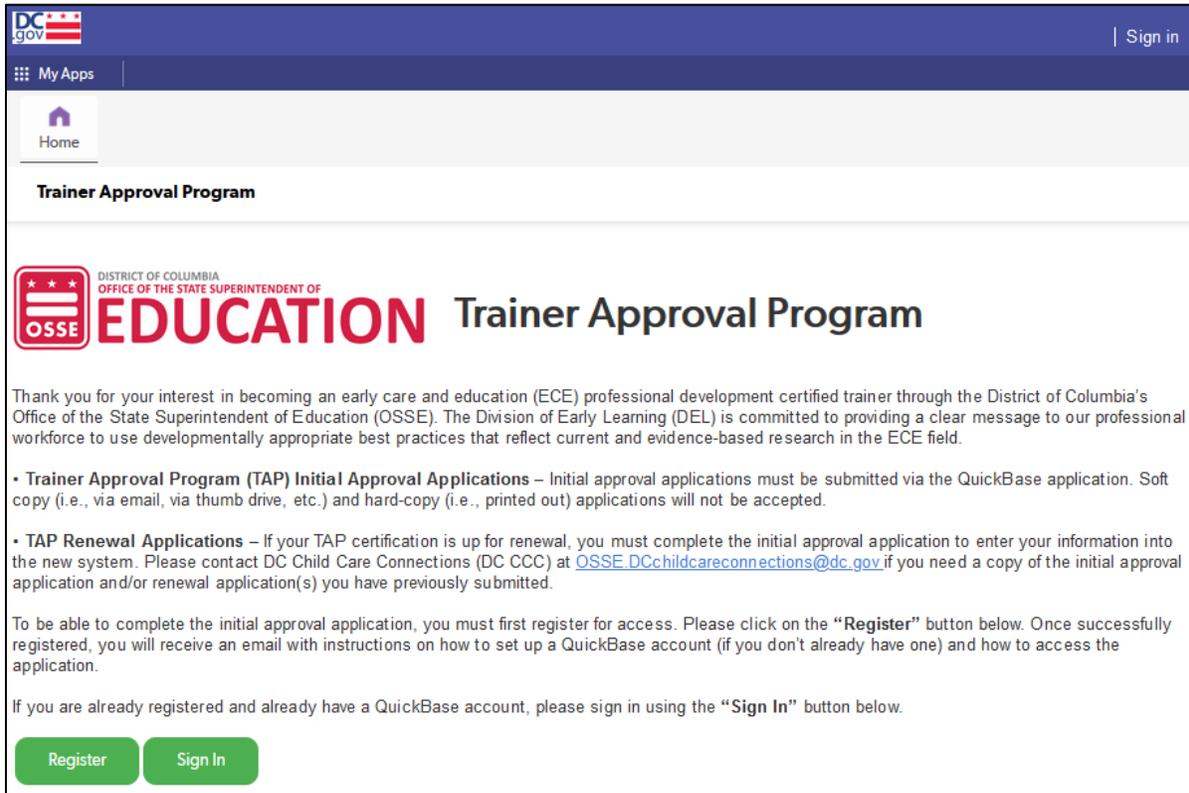
# Accessing the Application

This section explains the step-by-step process for accessing the TAP Quick Base application.

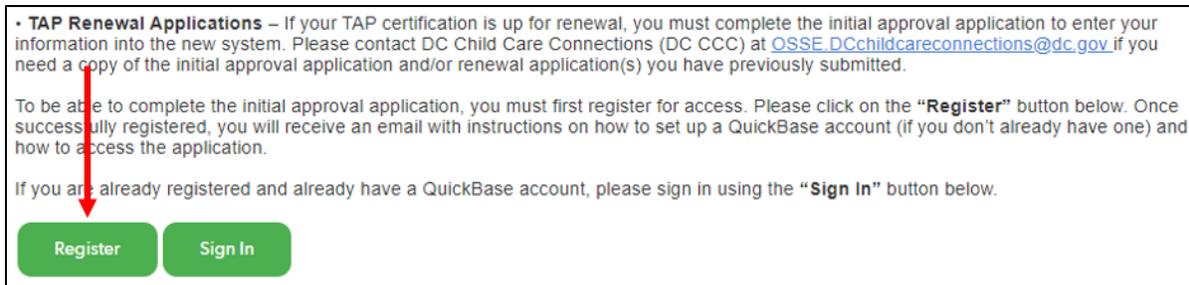
# Registration

Even if you already have a Quick Base account, you must complete registration. The TAP application is not a public application; OSSE must first grant you access.

1. To access the TAP Quick Base application, the applicant must first register through the following link: <https://octo.Quick Base.com/db/bp28ntta7>.



2. To continue to the next page, click on the “Register” button below the text.



3. Enter all required information.

APPLICANT REGISTRATION

APPLICANT REGISTRATION

Name of Individual/Primary Contact \*

Email Address \*

Applicant Type \*

Title/Position \*

Business/Tax ID Number \*

Telephone Number \*

Telephone Number Type \*

Street Address \*

State \*

City \*

Zip \*

I certify that I am eligible to apply as a trainer for DEL through TAP. I agree that any information entered will be true and correct in all respects and that all information available support what will be entered. I agree to protect any information that I may be able to access through this application from further disclosure to any other person or entity outside of my organization, unless such a person or entity is legally entitled to access such data. \*

Submit CANCEL

NOTE: For the “Business/Tax ID Number” field, enter “N/A” if not applicable.

4. Click on the “Submit” button to submit the registration.

Street Address \*

State \*

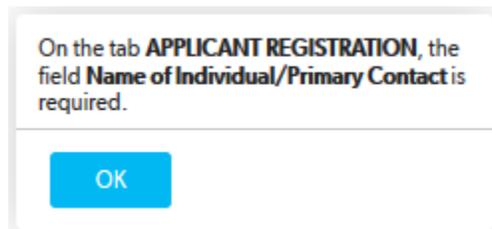
City \*

Zip \*

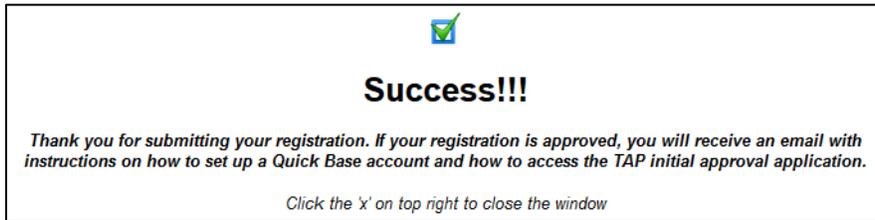
I certify that I am eligible to apply as a trainer for DEL through TAP. I agree that any information entered will be true and correct in all respects and that all information available support what will be entered. I agree to protect any information that I may be able to access through this application from further disclosure to any other person or entity outside of my organization, unless such a person or entity is legally entitled to access such data. \*

Submit CANCEL

a. If any of the required fields are left empty, an error message will be displayed.



- b. If all required information is entered, a message announcing the success of your registration will appear.



- 5. Two emails will be sent within a few days.

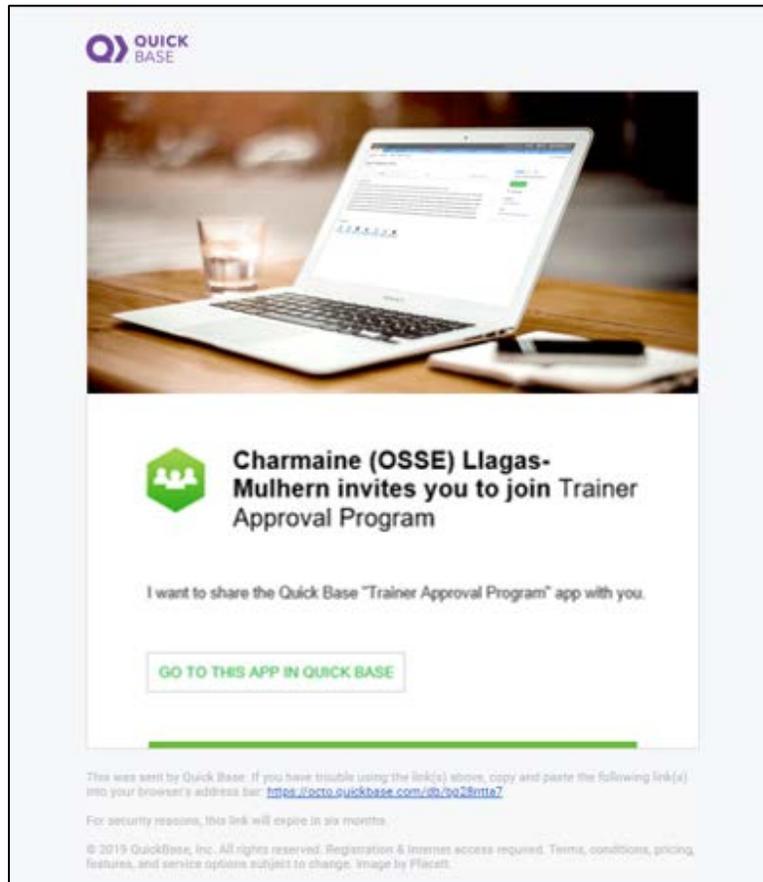
- a. Quick Base will automatically send an email after you submit your registration.



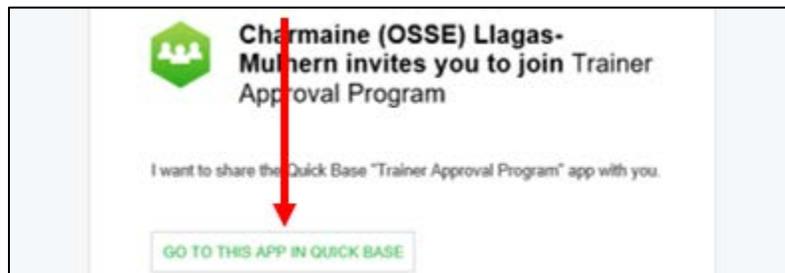
- i. Acknowledgment email – OSSE will send an acknowledgment email within 24 hours or the next business day if your registration is approved.
- ii. Invitation email - Instructions on how to access the TAP initial approval application will be sent via an “invitation” prior to the opening of the application period on Jan. 1. This email will also include instructions on how to create a Quick Base account if you do not already have one.

# Invitation

1. The TAP application period is from Jan. 1 to Jan. 31. Instructions on how to access the TAP initial approval application will be sent via an email “invitation” prior to the opening of the application period.

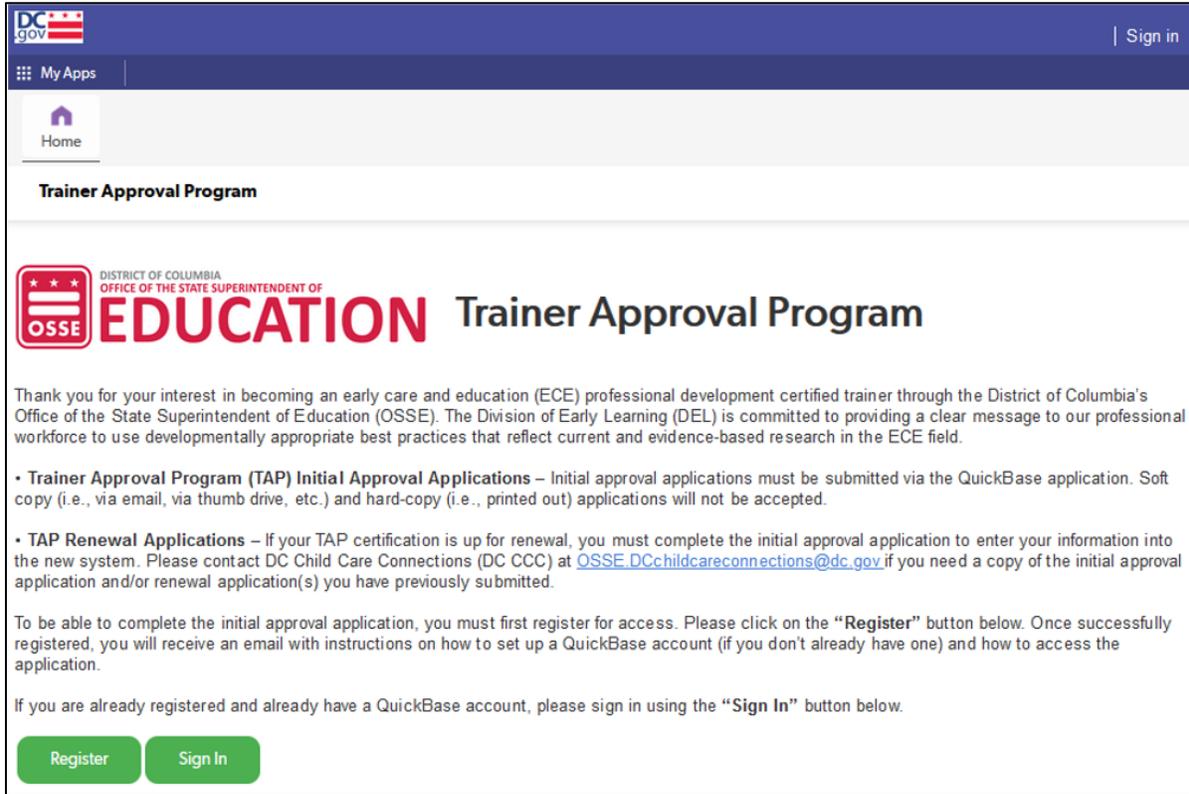


2. Click on the “Go to this app in Quick Base” button in the invitation.

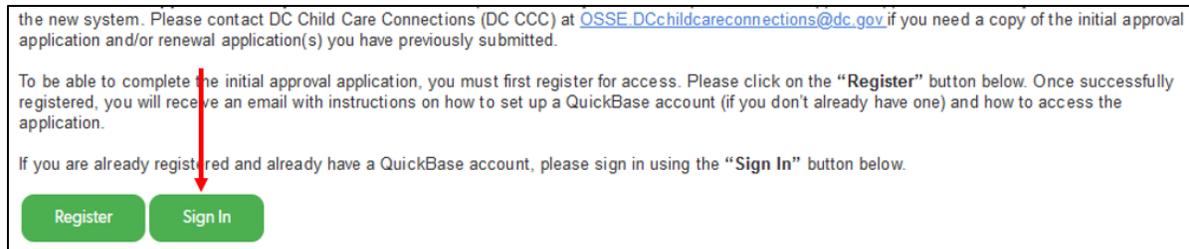


3. You will be taken to either the TAP Quick Base app registration/sign-in page, the Quick Base sign-in screen, or a screen to create a Quick Base account, depending on whether you are already signed in to Quick Base or if Quick Base detects that you already have an account.

## TAP Quick Base App Registration/Sign-In Page



1. This is the same page through which you registered for the TAP application. If Quick Base takes you to this page, click on the green “Sign In” button at the bottom of the page.

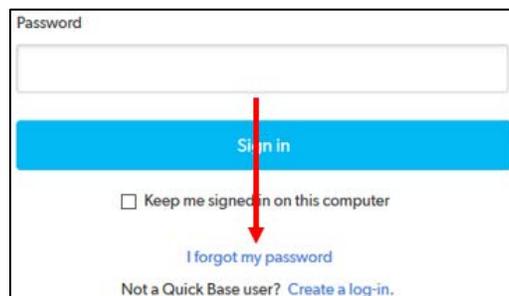


This will take you to the Quick Base sign-in screen.

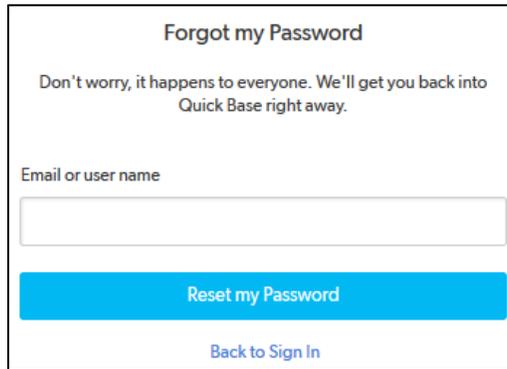
## Quick Base sign-in screen

You must have first registered for the TAP application to be able to access the application. The TAP application is not a public application; OSSE must first grant you access through the registration process outlined in the “Registration” section above. To sign in to the TAP application, follow the “Invitation” instructions above.

1. If you already have a Quick Base account, enter your log-in credentials.
2. If you have a Quick Base account but have forgotten your password, click on the “I forgot my password” link in blue.



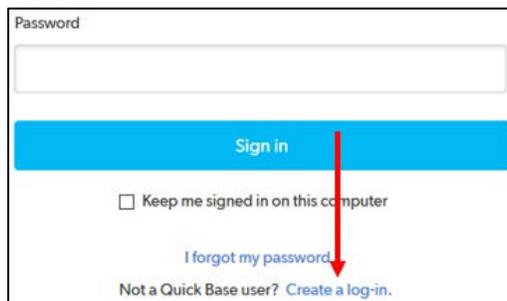
Follow the instructions to reset your password.



The screenshot shows a form titled "Forgot my Password". Below the title is a message: "Don't worry, it happens to everyone. We'll get you back into Quick Base right away." There is a text input field labeled "Email or user name". Below the input field is a blue button labeled "Reset my Password". At the bottom of the form is a blue link labeled "Back to Sign In".

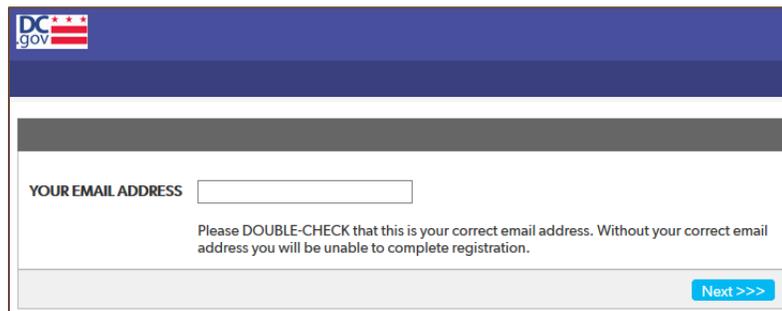
## Quick Base sign-up

1. If the application takes you to the Quick Base sign-in screen and you do not already have a Quick Base account, click on the "Create a log-in" link in blue.



The screenshot shows the Quick Base sign-in screen. It features a "Password" label above a text input field. Below the input field is a blue button labeled "Sign in". Underneath the button is a checkbox labeled "Keep me signed in on this computer". Below the checkbox is a blue link labeled "I forgot my password". At the bottom of the screen is a blue link labeled "Not a Quick Base user? Create a log-in." A red arrow points from the "Create a log-in" link up to the "Sign in" button.

2. Enter the email address used to register to access the application.



The screenshot shows the Quick Base registration screen. At the top left is the "DC.gov" logo. Below the logo is a dark blue header bar. The main content area has a label "YOUR EMAIL ADDRESS" followed by a text input field. Below the input field is a message: "Please DOUBLE-CHECK that this is your correct email address. Without your correct email address you will be unable to complete registration." At the bottom right of the form is a blue button labeled "Next >>>".

Ensure that the email address you enter matches the email used for registration. If it does not, you will get an error message.

**Cannot Register**

This is a private Quick Base site. You must request access from an administrator of octo.quickbase.com.

[Go back to the previous page](#)

3. The sign-up screen will come up. Enter the requested information and check the box to accept the Terms of Service and Privacy Policy. Click on the blue “Register” button to complete sign-up.

**DC.gov**

### Sign Up for Quick Base

All fields marked with an asterisk ( \*) are required.

First name \*

Last name \*

Email address

---

Choose a password \*

Retype password \*

Password strength:

- ✓ Must be at least 8 characters
- ✓ Must include both numbers and letters

---

Please set up a security question in case you ever need to reset your password.

Question: \*

Answer: \*

Retype Answer: \*

- ✓ Security answers must match
- Your answer is not case sensitive.

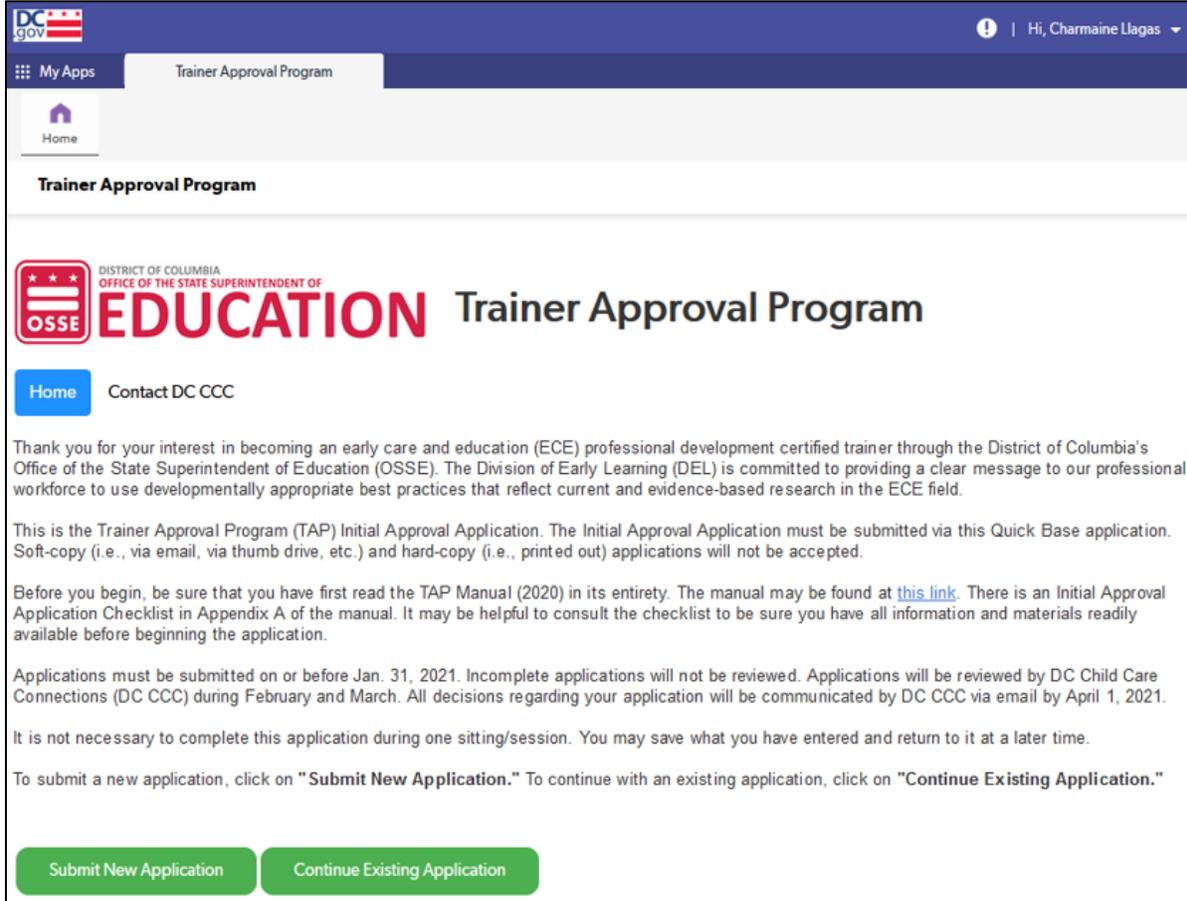
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I have read and agree to the Quick Base [Terms of Service](#) and the Quick Base [Privacy Policy](#)

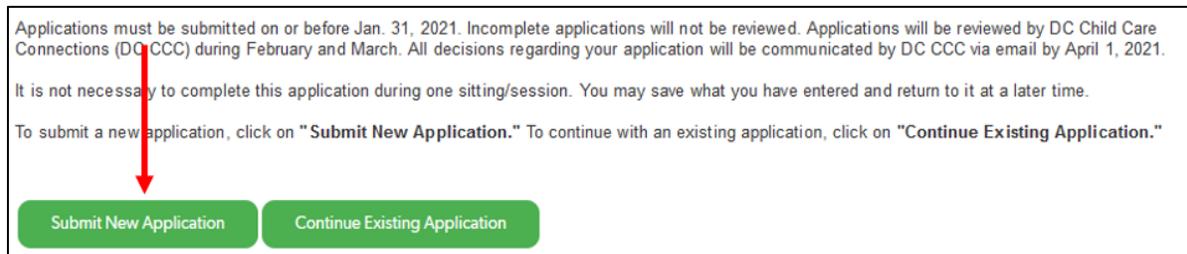
[Register](#)

# Completing the Application

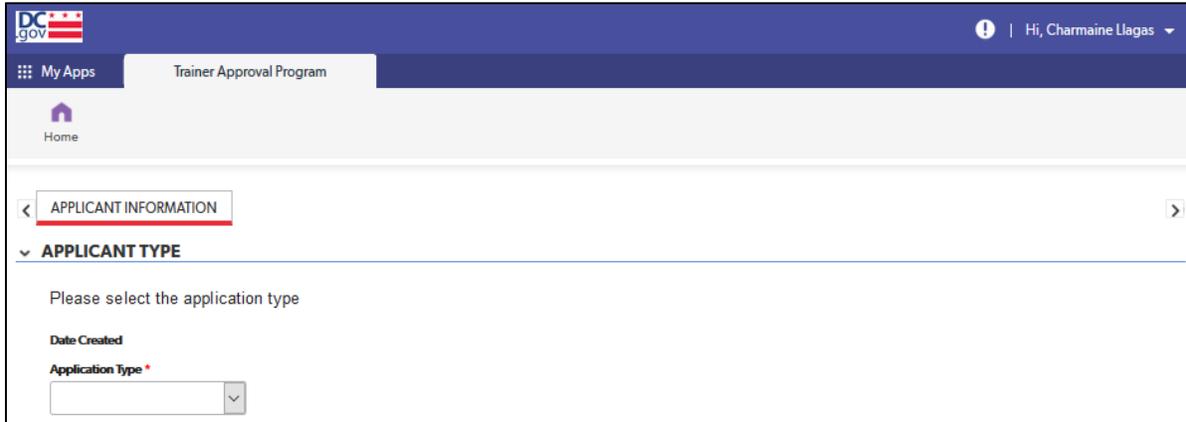
1. Successfully logging in to the application will bring you to the TAP application home page.



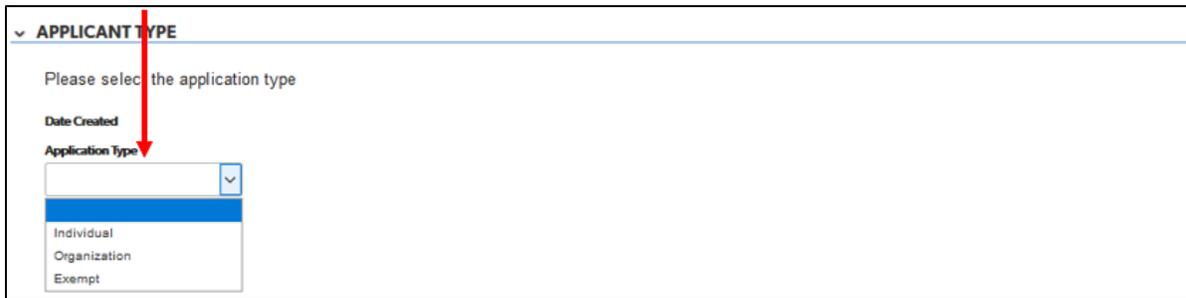
Click on the green “Submit New Application” button.



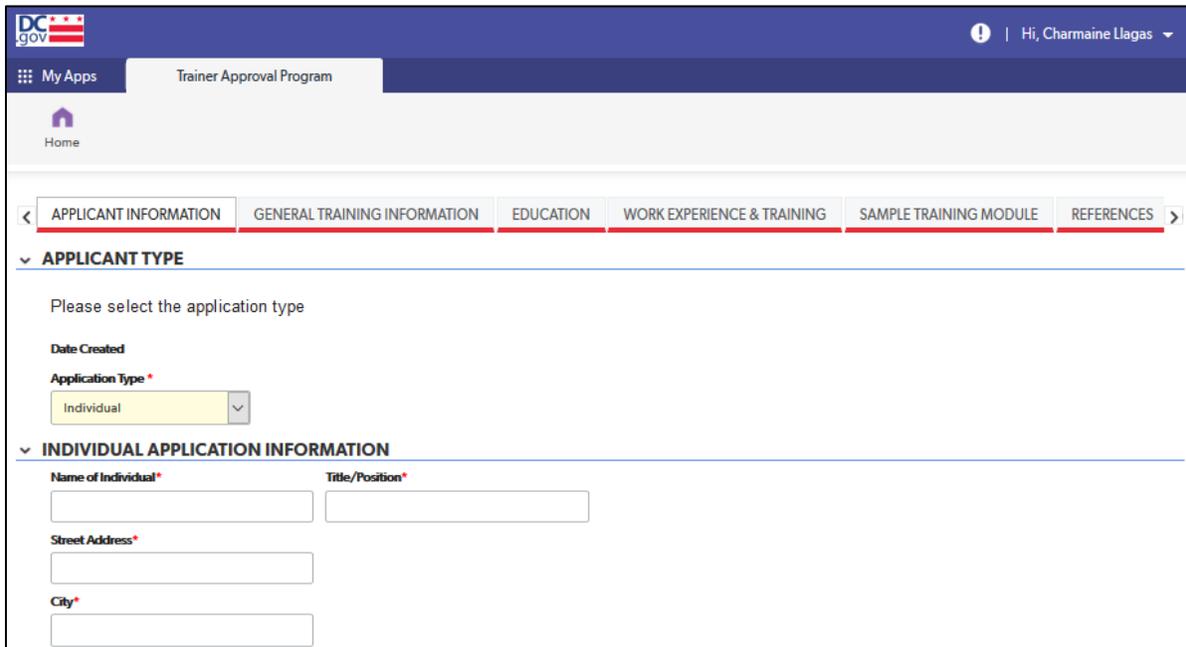
- Quick Base will take you to the first page of the application.



Select the type of application that you are completing (i.e., individual, organization, exempt) from the drop-down menu.



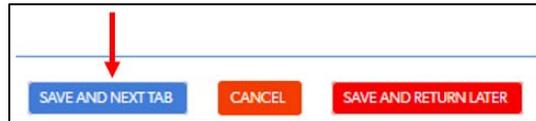
Once you select the type of application, the rest of the tabs (pages) of the application will appear.



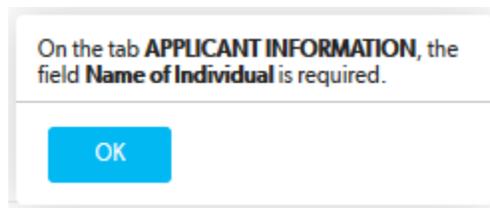
## General Tips

### Advancing to the Next Tab

1. Before beginning to enter information for the application, you may find that you can navigate to other tabs in the application. However, once you begin to enter information, the application will only allow you to navigate past the tab you are on once all required fields on that tab have been completed.
2. To advance to the next tab once all required fields have been completed, click on the blue “Save and Next Tab” button on the bottom of the page.

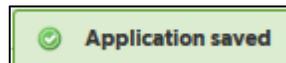


- a. An error message will pop up if any required fields were skipped.



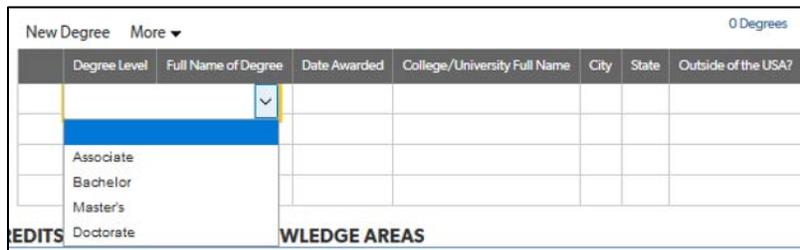
If multiple required fields were left blank, only the first blank field will show in the message. Review the page to make sure all required fields were completed before trying to save again.

- b. If saved successfully, the application will advance to the next tab and a green box with “Application saved” will appear at the top of the page.

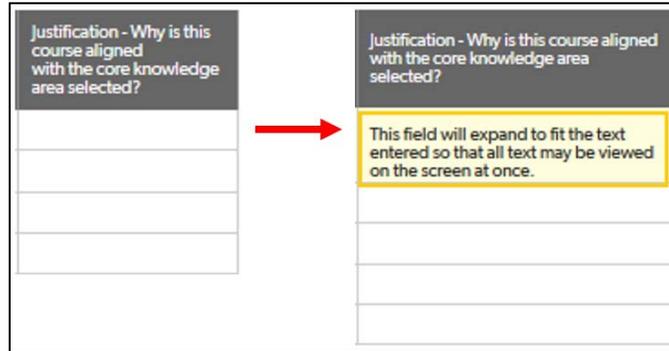


### Tables

1. Some fields in the tables are completed via a drop-down list.

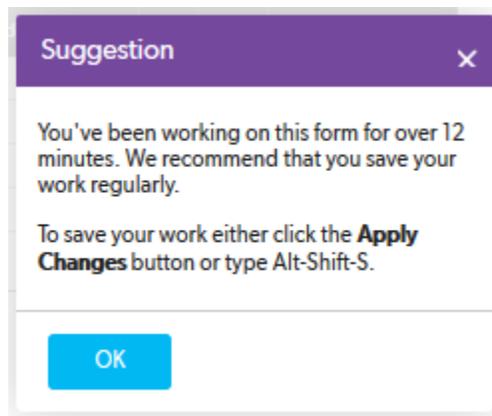


2. Most fields in tables will expand to fit the text entered.



## Saving an Application before Submission

1. If you spend more than ten minutes on one tab, a pop-up may appear asking you to save the application.



- a. NOTE: The message that pops up is a default system message that cannot be updated. Neither instruction to save your work is functional.

Click on the blue "OK" button and scroll to the bottom of the page.

- b. If you have finished entering information on that page, click on the blue "Save and Next Tab" button.



Quick Base will take you to the next tab of the application.

- c. If you have not finished entering information on that page, click on the red “Save and Return Later” button.



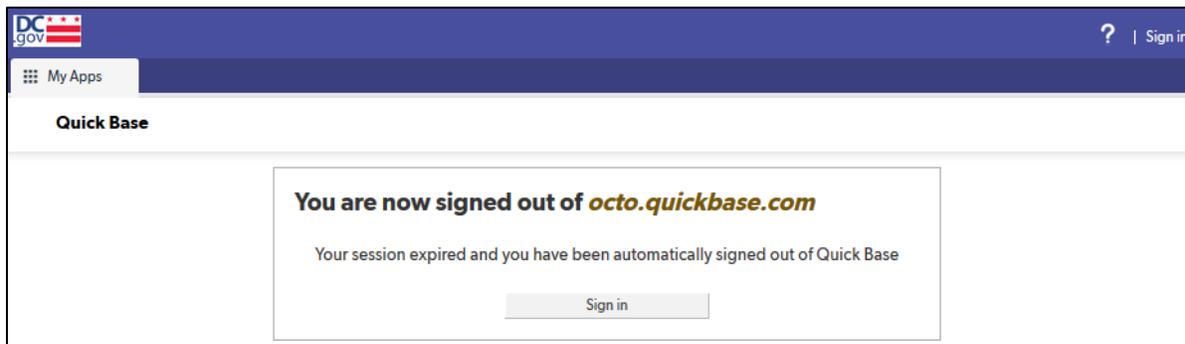
Quick Base will take you to the home page of the application. Follow the instructions in the “Returning to an Application Already in Progress” section to return to the application.

2. If you haven’t yet completed and submitted the application but wish to end your current session and return later, click on the red “Save and Return Later” button on the bottom of the screen.



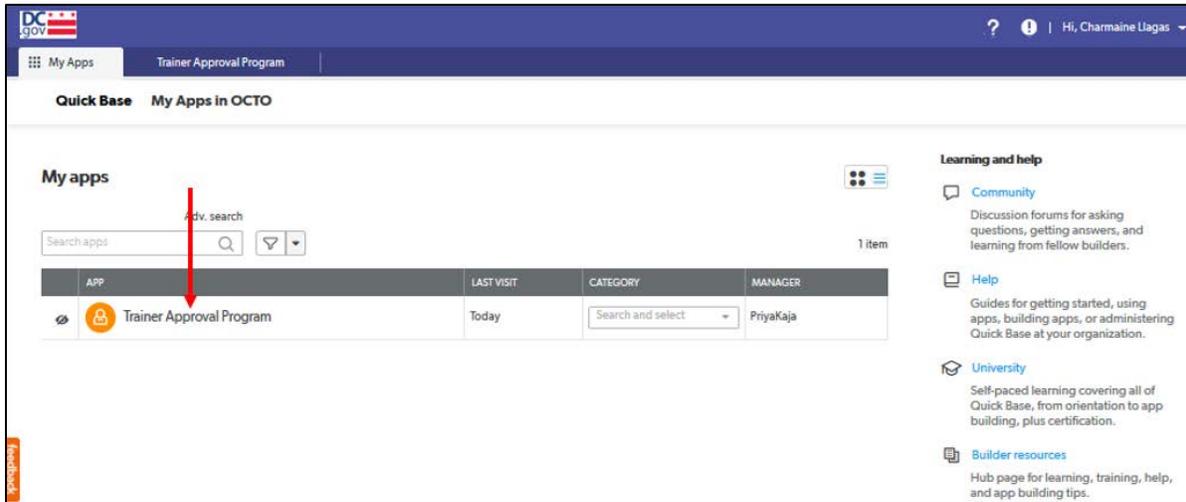
## Expired Session

1. Quick Base may automatically sign you out of the application if you have been idle for an extended period (i.e., the web page has been open on your computer but you have not entered any information or saved your application page). Follow the directions in the “Returning to an Application Already in Progress” section on the next page to return to the application.

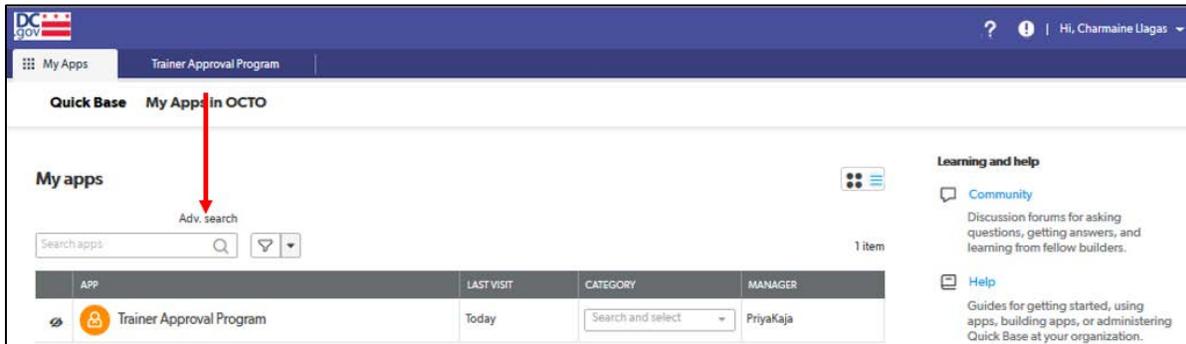


## Returning to an Application Already in Progress

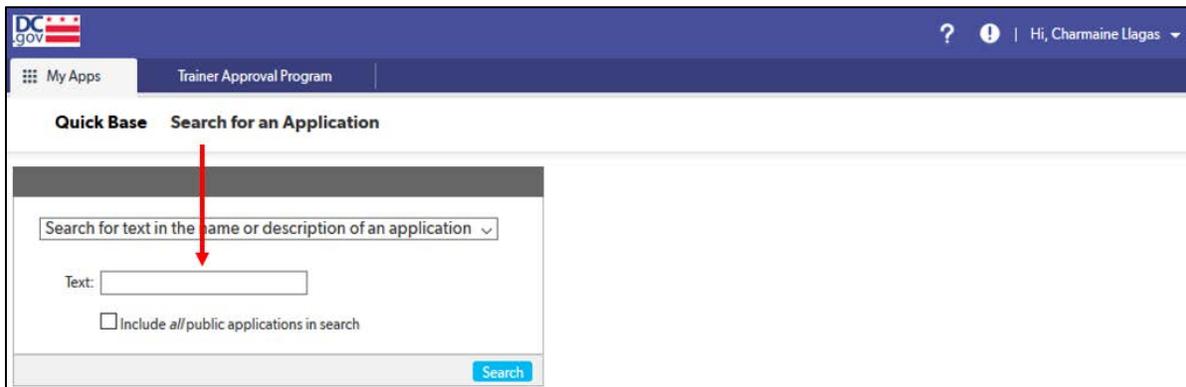
1. To return to your session, log back into your Quick Base account and click on the “Trainer Approval Program” app in your “My apps” list.



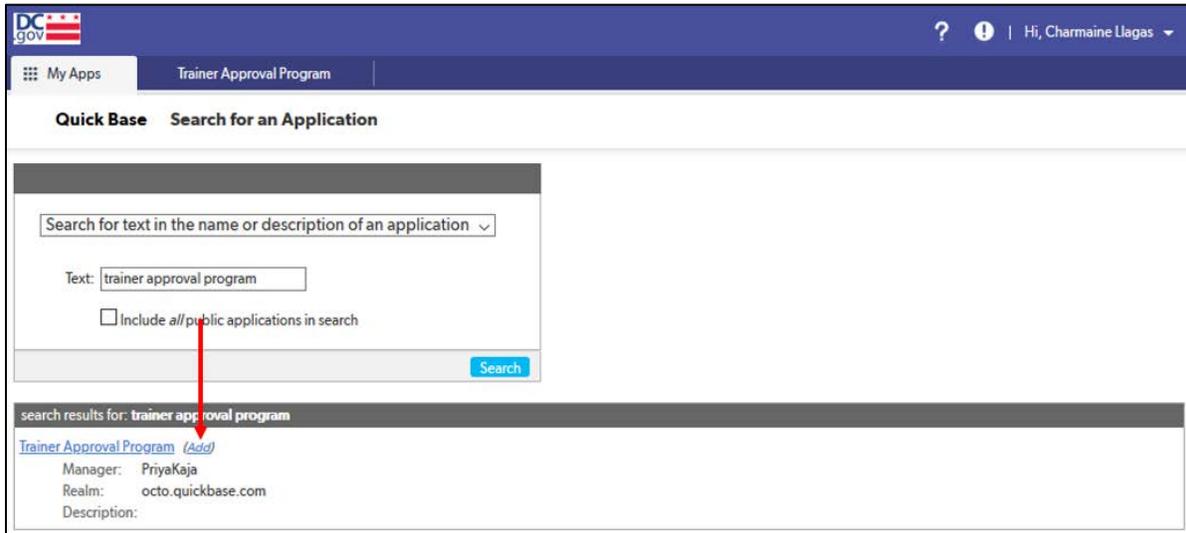
- a. If you do not see the “Trainer Approval Program” app in your “My apps” list, click on “Adv. search” above the “Search apps” search bar.



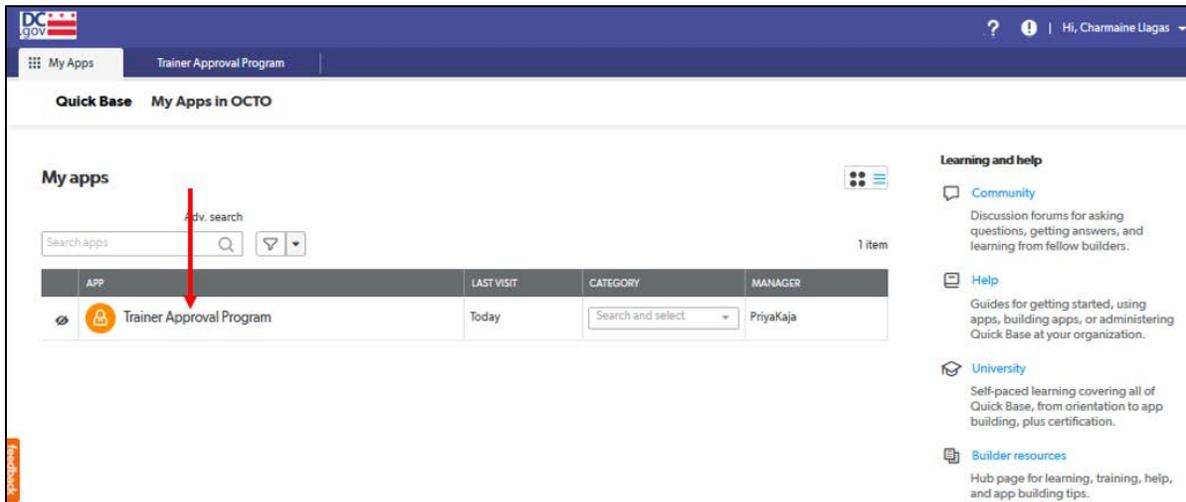
- i. On the page that comes up, enter “Trainer Approval Program” in the text field.



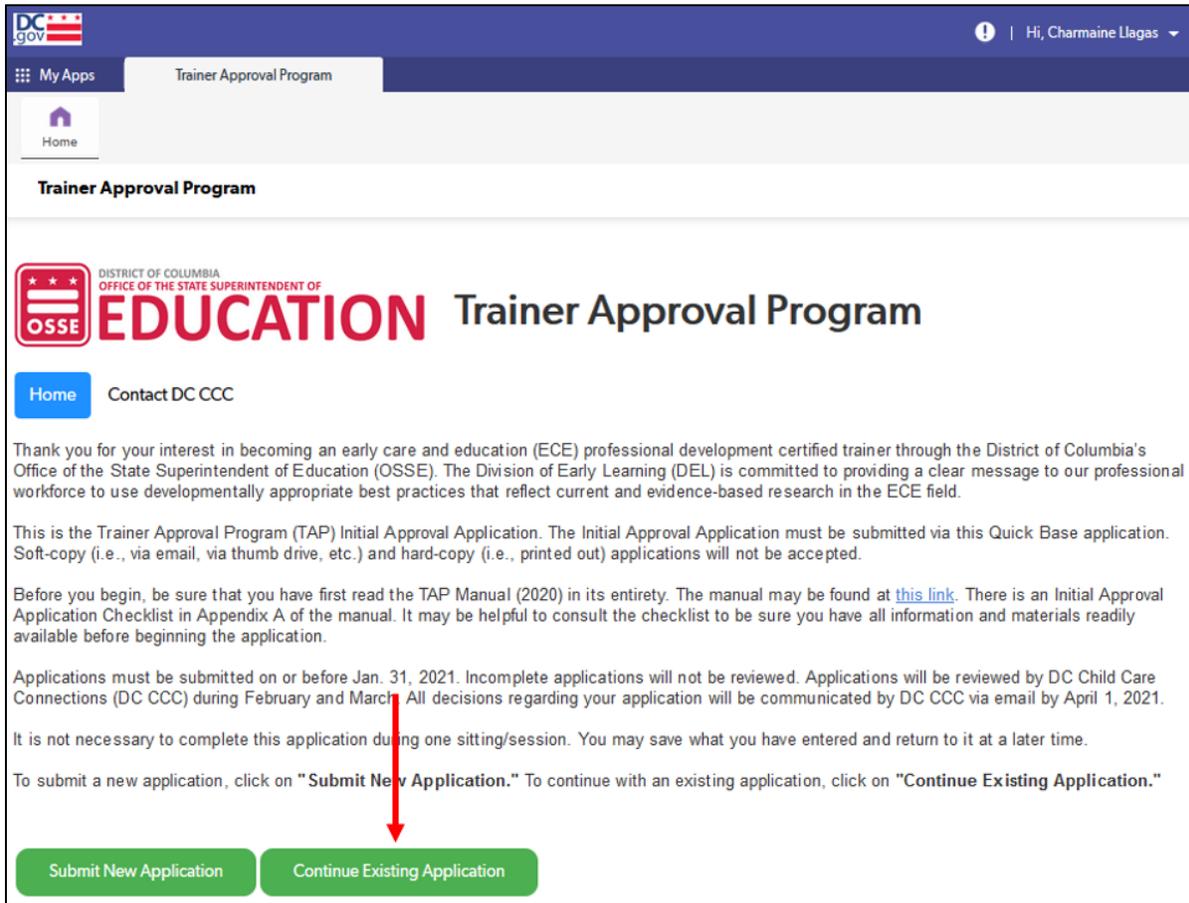
- ii. If you registered for the app in the Quick Base account you are using, you should see “Trainer Approval Program” come up as a search result. Click on the “Add” link next to the app name.



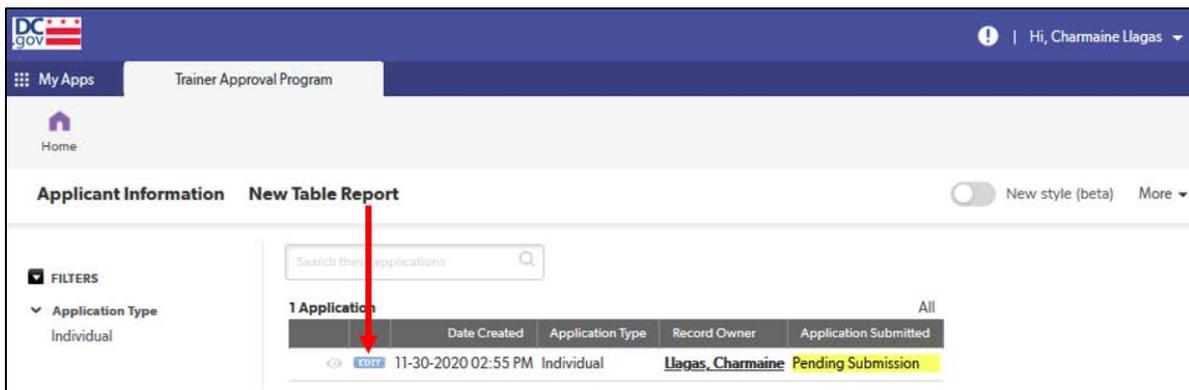
- iii. The app should now appear in your “My apps” list. Click on the “Trainer Approval Program” label to navigate to the application.



2. Click on the green “Continue Existing Application” bar towards the bottom of the page.



3. If you have a saved application, it will appear on the next page. Click on the blue “Edit” button to access and continue completing your application.



## Additional Tips and Troubleshooting

For additional tips and troubleshooting, go to the “Troubleshooting” section.

# Individual Applicants

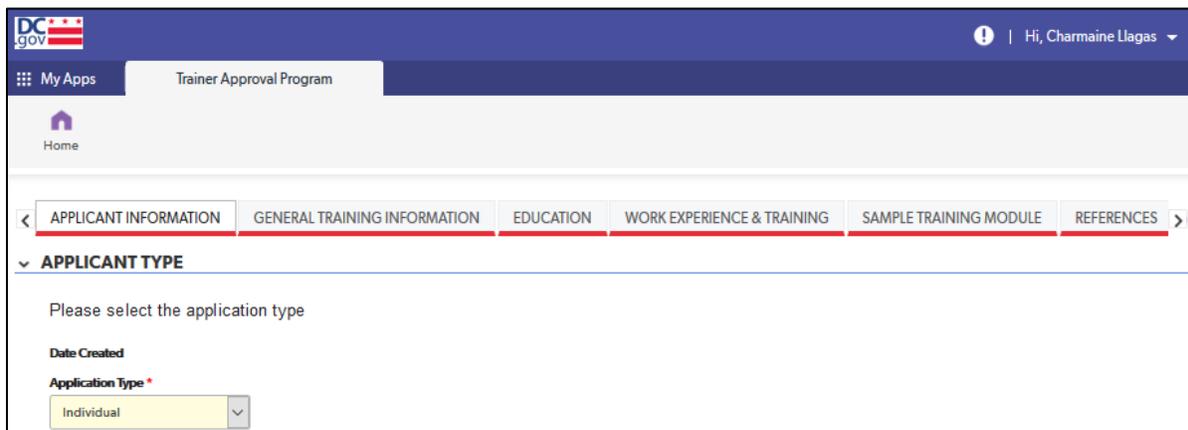
The following are the tabs/pages of the individual applicant application:

- A. Applicant Information
- B. General Training Information
- C. Education
- D. Work Experience and Training
- E. Sample Training Module
- F. References
- G. Document Upload
- H. Confirmation of Eligibility

This section explains the step-by-step process for completing the TAP Quick Base application for an individual applicant.

If you have any questions about the content or documentation requirements for any section, consult the *TAP Manual (June 2020)*.

## Applicant Information Tab



The screenshot displays the user interface for the Trainer Approval Program (TAP) application. At the top, the DC.gov logo is visible on the left, and the user's name, "Hi, Charmaine Llagas", is shown on the right. Below the header, there are two tabs: "My Apps" and "Trainer Approval Program". The "Trainer Approval Program" tab is active, and a "Home" button is located below it. A horizontal navigation bar contains several tabs: "APPLICANT INFORMATION", "GENERAL TRAINING INFORMATION", "EDUCATION", "WORK EXPERIENCE & TRAINING", "SAMPLE TRAINING MODULE", and "REFERENCES". The "APPLICANT INFORMATION" tab is selected and highlighted in red. Below the navigation bar, there is a section titled "APPLICANT TYPE" with a dropdown arrow. The text "Please select the application type" is displayed. Underneath, there are two labels: "Date Created" and "Application Type\*". The "Application Type\*" label is followed by a dropdown menu with "Individual" selected.

### Individual Application Information section

**INDIVIDUAL APPLICATION INFORMATION**

Name of Individual*	Title/Position*
<input type="text"/>	<input type="text"/>
Street Address*	
<input type="text"/>	
City*	
<input type="text"/>	
State*	Zip Code*
<input type="text"/>	<input type="text"/>
Telephone Number*	Type
<input type="text"/>	<input type="text"/>
Alternate Telephone Number*	Type
<input type="text"/>	<input type="text"/>
Email Address*	
<input type="text"/>	
Website	
<input type="text"/>	
Business or Tax ID Number*	
<input type="text"/>	

1. Complete each field with the requested information. The following fields are drop-down fields:
  - a. State
  - b. Telephone number type
  - c. Alternate telephone number type
2. For the “Business or Tax ID number” field, if this does not apply, enter “N/A.”

### Trainer Demographics section

**TRAINER DEMOGRAPHICS**

Gender
<input type="text"/>
Race/Ethnic Origin
<input type="text"/>
Hispanic Origin
<input type="text"/>

1. Complete each field with the requested information. The fields in this section are not required fields.

### Language section

**LANGUAGE**

Do you/your trainers speak a language other than English?\*

1. Choose the answer to this question from a drop-down list. If you choose “yes” from the drop-down list, another field will appear to enter the language(s).

**LANGUAGE**

Do you/your trainers speak a language other than English?\*

Yes

If yes, enter the other language(s) that you/your trainers speak.\*

## General Training Information Tab

### Initial Eligibility Requirements section

Training Content Level	Minimum Higher Education Requirement	Minimum Experience in Early Childhood or the Specialized Field	Minimum Early Childhood College Credits Aligned with Each Core Knowledge Area	Minimum Prior Training Experience with Adult Learners
<b>Basic</b>	Associate degree (or equivalent hours towards a bachelor's degree) in early childhood or a closely related field from a regionally accredited college/university	3 years in an early childhood/ youth development setting	9 college credits	26 clock hours within the last 3 years
<b>Intermediate</b> Trainer can also deliver training at the basic level.	Bachelor's degree in early childhood or a closely related field from a regionally accredited college/ university <b>OR</b>	3 years in an early childhood/ youth development setting	12 college credits	36 clock hours within the last 3 years
<b>Intermediate (Continued)</b>	A degree at any level in any field with a passing Early Childhood Education or Special Education Praxis test score	5 years in an early childhood/ youth development setting	N/A	36 clock hours within the last 3 years
<b>Advanced</b> Trainer can also deliver training at the basic and intermediate levels.	Master's degree or higher in early childhood or a closely related field from a regionally accredited college/university	3 years in an early childhood/ youth development setting	15 college credits	60 clock hours within the last 3 years
<b>Specialized Field</b> (e.g., health (nurse), fire safety (firefighter), business practices (accountant))	Pertinent certification/license (contact DC CCC to discuss acceptability)	Varies depending on the specialized field (contact DC CCC to verify)	N/A	Varies depending on the specialized field (contact DC CCC to verify)

1. The “Initial Eligibility Requirements” table from pages 18-19 of the *TAP Manual (June 2020)* is included for easy reference.

### Training Content Level & Delivery Method section

**TRAINING CONTENT LEVEL & DELIVERY METHOD**

Select the level(s) at which you/your entity have the expertise in which to train and/or coach\*

Training Delivery Method\*

1. Answers for both questions in this section can be selected from a drop-down list. Multiple answers may be chosen.

### Credits section

**CREDITS**

What will training participants receive after completing training?\*

If participants will receive CEUs, check off whether either of the following apply.

Documentation that trainer is eligible to give CEUs must be included in the uploaded file at the end of the application.

1. Answers for both questions in this section can be selected from a drop-down list.

**CREDITS**

What will training participants receive after completing training?\*

If participants will receive CEUs, check off whether either of the following apply.

CEUs delivered via partnership with a college/university

Documentation that trainer is eligible to give CEUs must be included in the uploaded file at the end of the application.

Enter name of college/university\*

Multiple answers may be chosen for the second question. If the second choice for the second question is chosen (“CEUs delivered via partnership with a college/university”), a field will appear to enter the name of the college/university.

Documentation that the trainer is eligible to give CEUs must be included in the uploaded file at the end of the application.

### Core Knowledge Areas section

**CORE KNOWLEDGE AREAS**

Select the core knowledge area(s) for which you/your organization are/is seeking approval to provide trainings. If you wish to select all core knowledge areas, select "All".\*

1. Answers to the question in this section can be selected from a drop-down list. Multiple answers may be chosen.

## Specialized Field section

▼ **SPECIALIZED FIELD**

Are you/Is your organization applying for approval to train in a specialized field and lack an early childhood/child development degree or experience?\*

1. Answers to the question in this section can be selected from a drop-down list.

## Education Tab

The screenshot shows the 'Trainer Approval Program' interface. At the top, there is a navigation bar with 'My Apps' and 'Trainer Approval Program'. Below this is a 'Home' button. A horizontal menu contains several tabs: 'APPLICANT INFORMATION', 'GENERAL TRAINING INFORMATION', 'EDUCATION' (which is highlighted), 'WORK EXPERIENCE & TRAINING', 'SAMPLE TRAINING MODULE', and 'REFERENCES'. Below the tabs, the 'HIGHER EDUCATION' section is expanded, showing instructions: 'Trainers providing professional development to the early learning workforce in the District of Columbia must meet all DEL TAP requirements. Upload your resume and transcripts (or foreign credential evaluations, if applicable) at the end of the application. Individuals may apply for approval in as many core knowledge areas as they have documentation to support.'

## Higher Education Section

▼ **HIGHER EDUCATION**

Trainers providing professional development to the early learning workforce in the District of Columbia must meet all DEL TAP requirements. Upload your resume and transcripts (or foreign credential evaluations, if applicable) at the end of the application. Individuals may apply for approval in as many core knowledge areas as they have documentation to support.

Highest Degree Attained\*

1. Select your highest degree attained from the drop-down list.

Enter each relevant degree below, beginning with the most recent.

New Degree More ▼ 0 Degrees

Degree Level	Full Name of Degree	Date Awarded	College/University Full Name	City	State	Outside of the USA?

2. Complete the table for all relevant degrees attained. The following fields are drop-down lists:
  - a. Degree Level
  - b. Outside of the USA?

### Credits Related to Core Knowledge Areas section

**▼ CREDITS RELATED TO CORE KNOWLEDGE AREAS**

Complete the section below for each core knowledge area for which you are seeking approval to provide trainings. All courses submitted to support each core knowledge area must be reflected in your transcripts.

0 Courses

New Course More ▼

Core Knowledge Area	Content Level	Full Title of Course	Year Completed	College/University Full Name	City	State	Outside of the USA?	Credit Level (undergraduate/ graduate)	Number of Credits Earned	Justification - Why is this course aligned with the core knowledge area selected?

1. Complete the table for the required number of college credits per training content level for each core knowledge area for which you are seeking approval to provide trainings. This information is provided in the “Initial Eligibility Requirements” table on the “General Training Information” tab for easy reference.
2. The following fields are drop-down lists:
  - a. Core Knowledge Area
  - b. Content Level
  - c. Outside of the USA?
  - d. Credit Level

### Specialized Field section

**▼ SPECIALIZED FIELD**

If you are applying for approval to train in a specialized field, enter the information below about relevant credentials. A copy of these relevant credentials must be uploaded at the end of the application.

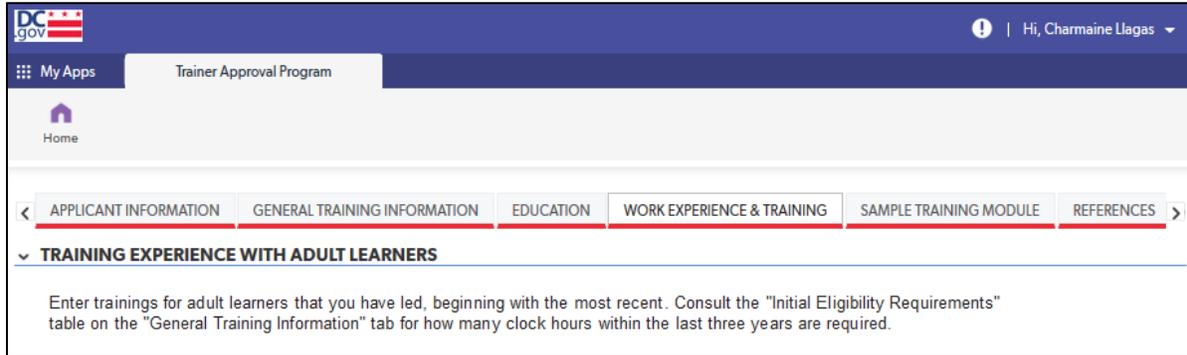
0 Specialized fields

New Specialized field More ▼

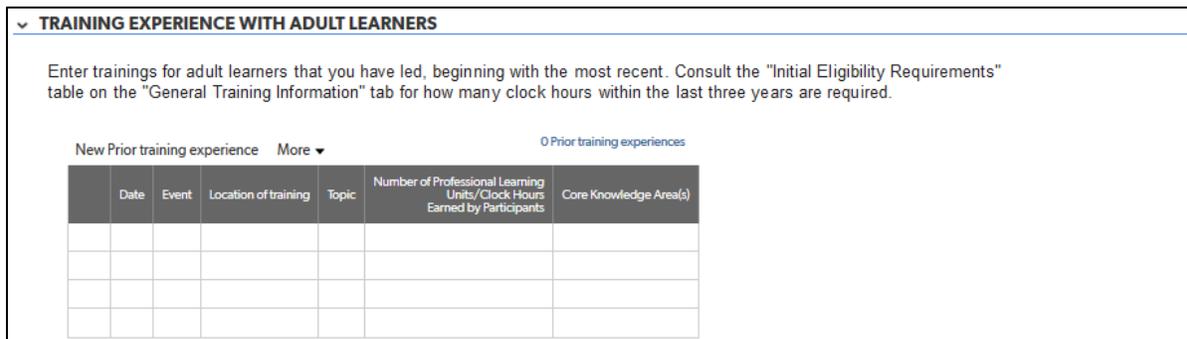
Full Name of Credential	Date Awarded	Entity that Awarded Credential	City	State	Outside of the USA?

1. If applying for approval to train in a specialized field, complete the table with any relevant credentials. If you are not applying for approval to train in a specialized field, skip this section.
2. The following field is a drop-down list:
  - a. Outside of the USA?

## Work Experience and Training Tab

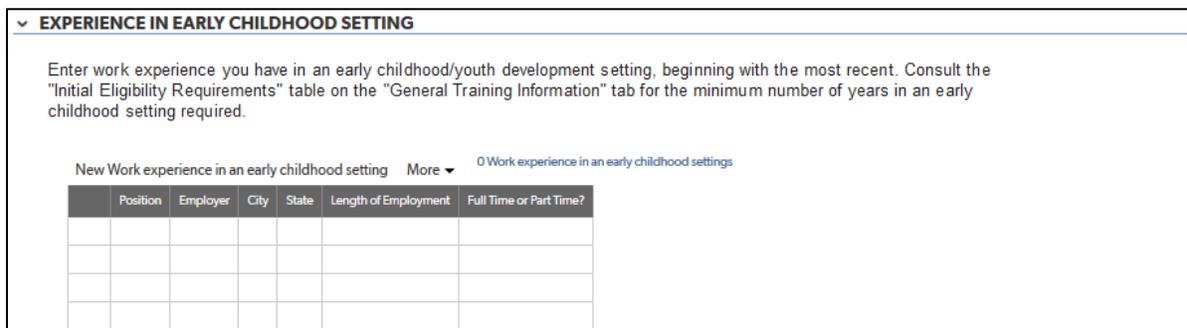


### Training Experience with Adult Learners section



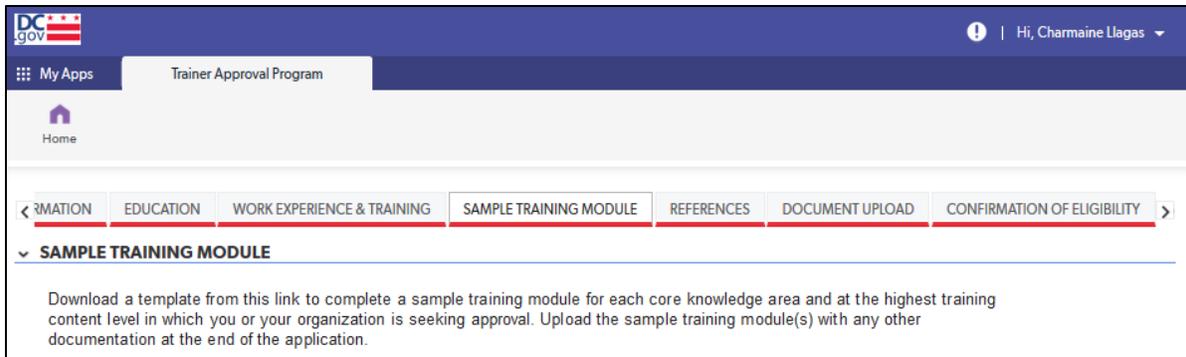
1. Complete the table with the required number of trainings for adult learners that you have led. This information is provided in the “Initial Eligibility Requirements” table on the “General Training Information” tab for easy reference.
2. The following fields are drop-down lists:
  - a. Core Knowledge Area
  - b. Content Level
  - c. Outside of the USA?
  - d. Credit Level

### Experience in Early Childhood Setting section

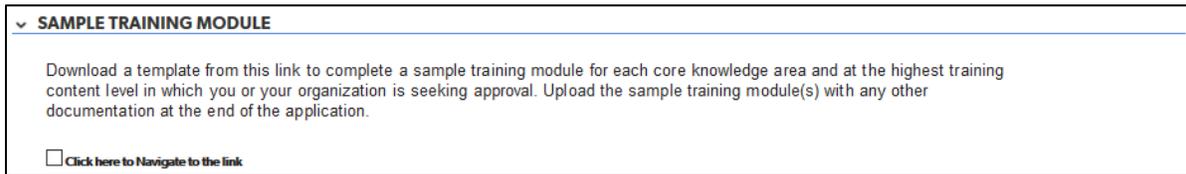


1. Complete the table with the positions or other experience in an early childhood/youth setting (or specialized field) required for the training content level in which you are seeking approval. This information is provided in the “Initial Eligibility Requirements” table on the “General Training Information” tab for easy reference.

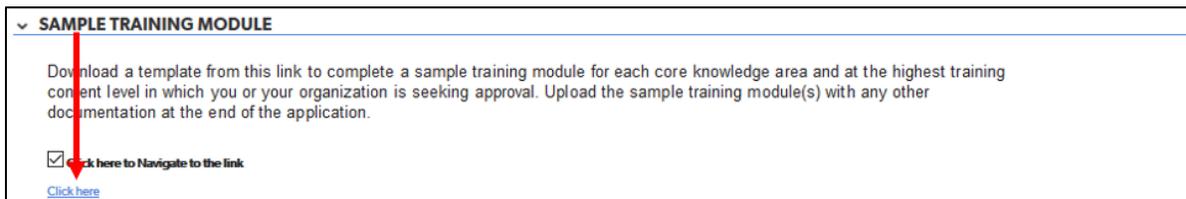
## Sample Training Module Tab



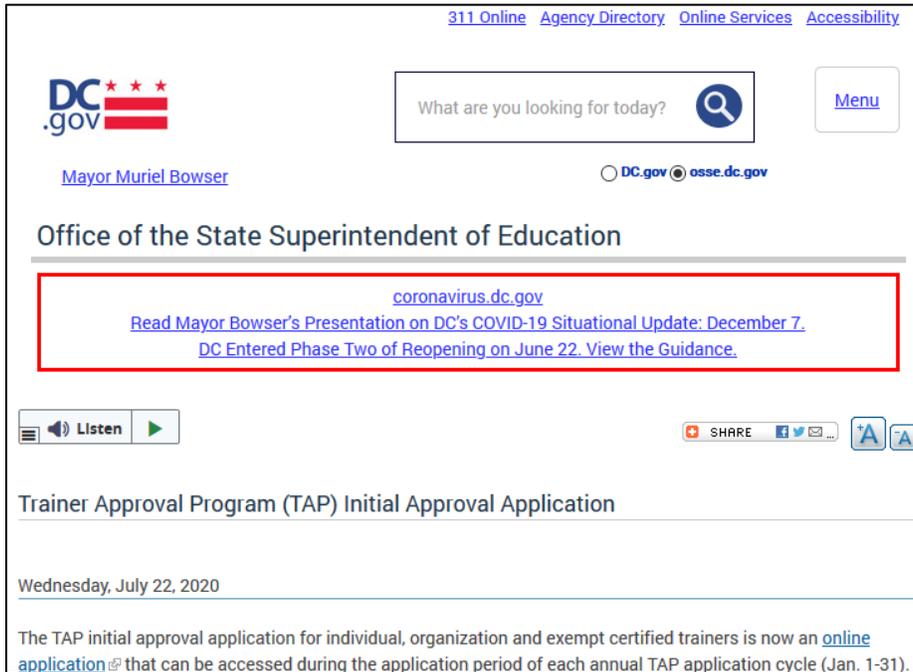
## Sample Training Module Section



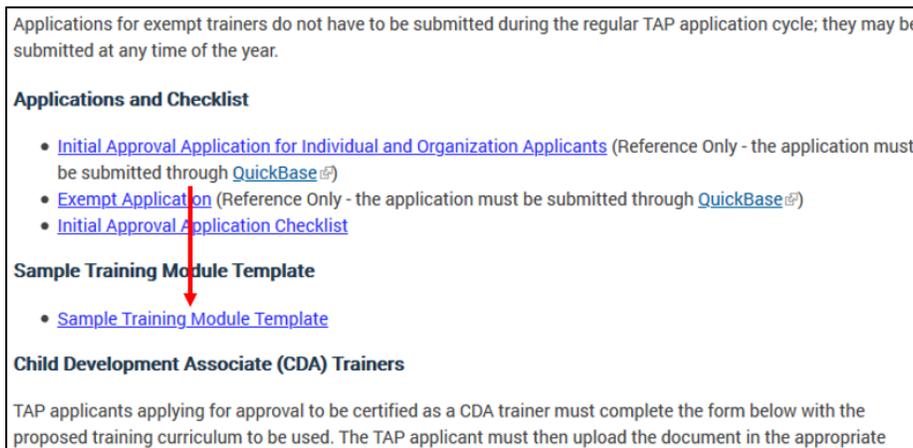
1. No data entry is required in this section. It provides the link for the sample training module template. To access the link, check on the box labeled “Click here to navigate to the link.” A link will appear to download the sample training module.



2. Clicking on the link will take you to the “Trainer Approval Program (TAP) Initial Approval Application” webpage on the OSSE website.



3. Navigate to the “Sample Training Module Template” section below the “Applications and Checklist” section. Click on the “Sample Training Module Template” link.



This will download a Microsoft Word document form to complete.

**DISTRICT OF COLUMBIA**  
**OFFICE OF THE STATE SUPERINTENDENT OF**  
**EDUCATION**

**OSSE**

**TRAINER APPROVAL PROGRAM**  
**Sample Training Module Template**

**Title of Training:** Click or tap here to enter text.

**Length of Training:** Click or tap here to enter text.

**Core Knowledge Area(s):**

- Child Growth and Development
- Building Family and Community Relationship

4. Complete the sample training module template and save it to your computer with the file name “Last Name\_Sample Training Module.docx.” You will need to include it with the upload of documentation at the end of the application. See the “Document Upload Tab” section for more directions.

## References Tab

DC.gov | Hi, Charmaine Llagas

My Apps | Trainer Approval Program

Home

< ACTION EDUCATION WORK EXPERIENCE & TRAINING SAMPLE TRAINING MODULE REFERENCES DOCUMENT UPLOAD CONFIRMATION OF ELIGIBILITY >

REFERENCES

Enter information for two references.

## References Section

▼ REFERENCES

Enter information for two references.

▼ Reference #1

First Name	Last Name
<input type="text"/>	<input type="text"/>
Title/Affiliation	
<input type="text"/>	
Relationship to Applying Individual/Organization	
<input type="text"/>	
Phone Number	Email Address
<input type="text"/> ext. <input type="text"/>	<input type="text"/>

▼ Reference #2

First Name	Last Name
<input type="text"/>	<input type="text"/>
Title/Affiliation	
<input type="text"/>	
Relationship to Applying Individual/Organization	
<input type="text"/>	
Phone Number	Email Address
<input type="text"/> ext. <input type="text"/>	<input type="text"/>

1. Complete this section for information for two references who can attest to your ability to design and deliver trainings in your selected core knowledge area(s) and level.

## Document Upload Tab

DC.gov | Hi, Charmaine Llagas

My Apps | Trainer Approval Program

Home

REGISTRATION | EDUCATION | WORK EXPERIENCE & TRAINING | SAMPLE TRAINING MODULE | REFERENCES | **DOCUMENT UPLOAD** | CONFIRMATION OF ELIGIBILITY

▼ DOCUMENT UPLOAD

Consult the Initial Approval Application Checklist in Appendix A of the Trainer Approval Program Manual (2020) to ensure that all necessary documentation is included. If you are an individual applicant, be sure that the name of the file uploaded begins with your last name (e.g., Last Name\_TAP Initial Approval Application.PDF). If you are an organization or exempt applicant, be sure that the

## Document Upload Section

**DOCUMENT UPLOAD**

Consult the Initial Approval Application Checklist in Appendix A of the Trainer Approval Program Manual (2020) to ensure that all necessary documentation is included. If you are an individual applicant, be sure that the name of the file uploaded begins with your last name (e.g., Last Name\_TAP Initial Approval Application.PDF). If you are an organization or exempt applicant, be sure that the name of the file uploaded begins with the organization's name (e.g., Name Of Organization\_TAP Initial Approval Application.PDF).

List all documentation being uploaded. Separate each item in the list with a semicolon.

Note : The maximum file size for each uploaded document is 25 MB.

Upload all necessary documentation here.

No file selected.

1. Upload, as one document if possible, all necessary documentation for your application. Consult the initial approval application checklist in appendix A of the *TAP Manual (June 2020)*. If you are an individual applicant, be sure that the name of the file uploaded begins with your last name (e.g., Last Name\_TAP Initial Approval Application.PDF).

If uploading more than one file, add numbers to the label of the file to indicate the order of the files (e.g., Last Name\_TAP Initial Approval Application 1.PDF, Last Name\_TAP Initial Approval Application 2.PDF).

For directions on how to save a Microsoft Word file as a PDF, visit this [Microsoft support webpage](#). For directions on how to save a Pages for Mac file as a PDF, visit this [Apple support webpage](#).

## Confirmation of Eligibility Tab

DC.gov | Hi, Charmaine Llagas

My Apps | Trainer Approval Program

Home

FORMATION | EDUCATION | WORK EXPERIENCE & TRAINING | SAMPLE TRAINING MODULE | REFERENCES | DOCUMENT UPLOAD | CONFIRMATION OF ELIGIBILITY

**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

## Confirmation of Eligibility Section

**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 read the TAP Manual (2020) and I/our organization will uphold all trainer expectations and comply with all provisions outlined in the TAP Manual (2020).

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 as a trainer.

**Signature for Primary Applicant - Type in the name of the individual completing this form.**

**Date**

   
 **By checking this box, I indicate that I agree that I have read the above four statements and that I/my organization will abide by the above four statements.**

To submit your application, click on the blue "Save and Submit" button. You should receive a submission confirmation at the email address you provided. Once an initial review for completion of your application submission is done, a copy of your responses will be emailed. All decisions regarding your application will be communicated by DC CCC via email by April 1, 2021.

[SAVE AND SUBMIT](#)

1. For the purposes of this application, typing in your name will count as your signature. After entering the date, check the box next to the statement "By checking this box, I indicate that I agree that I have read the above four statements and that I/my organization will abide by the above four statements."

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 as a trainer.

**Signature for Primary Applicant - Type in the name of the individual completing this form.**

**Date**

   
 **By checking this box, I indicate that I agree that I have read the above four statements and that I/my organization will abide by the above four statements.**

To submit your application, click on the blue "Save and Submit" button. You should receive a submission confirmation at the email address you provided. Once an initial review for completion of your application submission is done, a copy of your responses will be emailed. All decisions regarding your application will be communicated by DC CCC via email by April 1, 2021.

[SAVE AND SUBMIT](#)

2. To submit the application, click on the blue "Save and submit" button.

**By checking this box, I indicate that I agree that I have read the above four statements and that I/my organization will abide by the above four statements.**

To submit your application, click on the blue "Save and Submit" button. You should receive a submission confirmation at the email address you provided. Once an initial review for completion of your application submission is done, a copy of your responses will be emailed. All decisions regarding your application will be communicated by DC CCC via email by April 1, 2021.

[SAVE AND SUBMIT](#)

# Organization Applicants

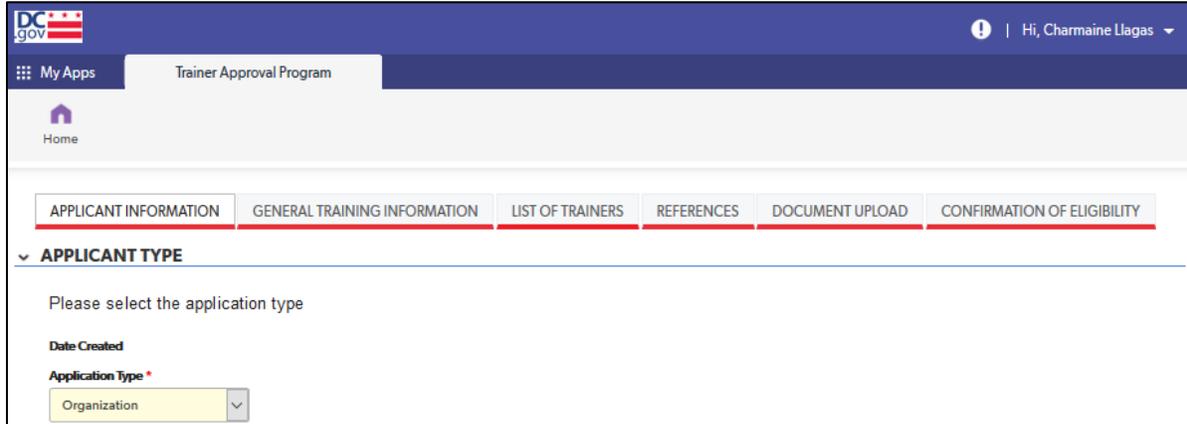
The following are the tabs/pages of the organization applicant application:

- A. Applicant Information
- B. General Training Information
- C. List of Trainers
  - 1. Education
  - 2. Work Experience and Training
  - 3. Sample Training Module
- D. References
- E. Document Upload
- F. Confirmation of Eligibility

This section explains the step-by-step process for completing the TAP Quick Base application for an organization applicant.

If you have any questions about the content or documentation requirements for any section, consult the *TAP Manual (June 2020)*.

## Applicant Information Tab



The screenshot displays the user interface for the Trainer Approval Program (TAP) Quick Base application. At the top, there is a navigation bar with the DC.gov logo on the left and a user profile indicator on the right showing "Hi, Charmaine Llagas". Below the navigation bar, there are two tabs: "My Apps" and "Trainer Approval Program". The "Trainer Approval Program" tab is active, and it contains a sub-tab labeled "Home".

The main content area features a horizontal navigation bar with six tabs: "APPLICANT INFORMATION", "GENERAL TRAINING INFORMATION", "LIST OF TRAINERS", "REFERENCES", "DOCUMENT UPLOAD", and "CONFIRMATION OF ELIGIBILITY". The "APPLICANT INFORMATION" tab is selected and highlighted with a red underline.

Below the navigation bar, there is a section titled "APPLICANT TYPE" with a downward arrow icon. The text "Please select the application type" is displayed. Underneath, there is a "Date Created" label and an "Application Type" dropdown menu. The dropdown menu is currently set to "Organization".

## Entity Information Section

▼ ENTITY INFORMATION

Entity Name\*

Street Address\*

City\* State\* Zip Code\*

Website

Business or Tax ID Number\*

Type of Business\*

Is your entity licensed to do business in the District of Columbia?\*

1. Complete each field with the requested information. The following fields are drop-down fields:
  - a. Type of Business
  - b. Is your entity licensed to do business in the District of Columbia?

## Primary Contact Information and Alternate Contact Information Sections

▼ PRIMARY CONTACT INFORMATION

Name of Primary Contact\* Title/Position\*

Is the primary contact's mailing address different from the entity's mailing address?\*

Telephone Number\* Type\*

Alternate Telephone Number\* Type\*

Email Address\*

▼ ALTERNATE CONTACT INFORMATION

Name of Alternate Contact\* Title/Position\*

Is the alternate contact's mailing address different from the entity's mailing address?\*

Telephone Number\* Type\*

Alternate Telephone Number\* Type\*

Email Address\*

1. Complete each field with the requested information. The following fields are drop-down fields:
  - a. Is the primary contact's mailing address different from the entity's mailing address?
  - b. Telephone number type
  - c. Alternate telephone number type

2. If you choose “yes” in response to “Is the primary contact's mailing address different from the entity's mailing address?” additional address fields will appear.

Is the primary contact's mailing address different from the entity's mailing address?\*

Yes

Street Address

City

State

Zip Code

Telephone Number\*

Alternate Telephone Number\*

Email Address\*

Type\*

Type\*

### Trainer Demographics Section

**▼ TRAINER DEMOGRAPHICS**

Please type in the number of applicable trainers under each category

**Gender**

Female	Male
<input type="text"/>	<input type="text"/>
Prefer not to answer	Other
<input type="text"/>	<input type="text"/>

If other, describe:

**Race/Ethnic Origin**

Black or African American	Hispanic
<input type="text"/>	<input type="text"/>
Asian or Asian American	American Indian/Native Alaskan
<input type="text"/>	<input type="text"/>
Native Hawaiian/Pacific Islander	White or Caucasian
<input type="text"/>	<input type="text"/>
Prefer not to answer	Other:
<input type="text"/>	<input type="text"/>

If other, describe:

**Hispanic Origin**

Yes	No	Prefer not to answer
<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Complete each field with the requested information. Responses in this section are not required.

## Language Section

A screenshot of a form section titled "LANGUAGE". It contains a question: "Do you/your trainers speak a language other than English?\*" followed by a drop-down menu.

1. Choose the answer to this question from a drop-down list. If you choose “yes” from the drop-down list, another field will appear to enter the language(s).

A screenshot of the "LANGUAGE" section where "Yes" is selected in the drop-down menu. Below the question, a new field appears: "If yes, enter the other language(s) that you/your trainers speak.\*" with an empty text input box.

## General Training Information Tab

A screenshot of the "Trainer Approval Program" interface. The "GENERAL TRAINING INFORMATION" tab is selected. Below the navigation tabs, the "TRAINING CONTENT LEVEL & DELIVERY METHOD" section is visible, containing a question about expertise level and a "Training Delivery Method" label.

## Training Content Level and Delivery Method Section

A screenshot of the "TRAINING CONTENT LEVEL & DELIVERY METHOD" section. It shows two drop-down menus: one for selecting the expertise level and another for the "Training Delivery Method".

1. Answers for both questions in this section can be selected from a drop-down list. Multiple answers may be chosen.

## Credits Section

A screenshot of a form section titled "CREDITS". It contains a question: "What will training participants receive after completing training?" with a drop-down menu. Below it, another question asks to check off whether either of the following apply, with a drop-down menu. A note at the bottom states: "Documentation that trainer is eligible to give CEUs must be included in the uploaded file at the end of the application."

- Answers for both questions in this section can be selected from a drop-down list.

### Core Knowledge Areas Section

**▼ CORE KNOWLEDGE AREAS**

Select the core knowledge area(s) for which you/your organization are/is seeking approval to provide trainings. If you wish to select all core knowledge areas, select "All".

- Answers to the question in this section can be selected from a drop-down list. Multiple answers may be chosen.

### Specialized Field Section

**▼ SPECIALIZED FIELD**

Are you/Is your organization applying for approval to train in a specialized field and lack an early childhood/child development degree or experience?

- Choose the answer to this question from a drop-down list. If applying for approval to train in a specialized field, a field will appear to specify the field once you choose "yes."

**▼ SPECIALIZED FIELD**

Are you/Is your organization applying for approval to train in a specialized field and lack an early childhood/child development degree or experience?\*

If yes, enter the name of the specialized field. These credentials must be listed later in the application and a copy uploaded at the end of the application. \*

## List of Trainers Tab

The screenshot shows the DC.gov Trainer Approval Program interface. The 'LIST OF TRAINERS' tab is selected. Below the navigation tabs, there is a section for 'INITIAL MINIMUM ELIGIBILITY REQUIREMENTS' which contains a table with the following columns:

Training Content Level	Minimum Higher Education Requirement	Minimum Experience in Early Childhood or the Specialized Field	Minimum Early Childhood College Credits Aligned with Each Core Knowledge Area	Minimum Prior Training Experience with Adult Learners
Beginner	Associate degree (or equivalent hours transfer back to a 4-year degree)	2 years in early childhood/child development	0 credits	25 clock hours within the last 2 years

## Initial Minimum Eligibility Requirements Section

INITIAL MINIMUM ELIGIBILITY REQUIREMENTS				
Training Content Level	Minimum Higher Education Requirement	Minimum Experience in Early Childhood or the Specialized Field	Minimum Early Childhood College Credits Aligned with Each Core Knowledge Area	Minimum Prior Training Experience with Adult Learners
<b>Basic</b>	Associate degree (or equivalent hours towards a bachelor's degree) in early childhood or a closely related field from a regionally accredited college/university	3 years in an early childhood/youth development setting	9 college credits	26 clock hours within the last 3 years
<b>Intermediate</b> Trainer can also deliver training at the basic level.	Bachelor's degree in early childhood or a closely related field from a regionally accredited college/ university <b>OR</b>	3 years in an early childhood/youth development setting	12 college credits	36 clock hours within the last 3 years
<b>Intermediate Continued</b>	A degree at any level in any field with a passing Early Childhood Education or Special Education Praxis test score	5 years in an early childhood/youth development setting	N/A	36 clock hours within the last 3 years
<b>Advanced</b> Trainer can also deliver training at the basic and intermediate levels.	Master's degree or higher in early childhood or a closely related field from a regionally accredited college/university	3 years in an early childhood/youth development setting	15 college credits	60 clock hours within the last 3 years
<b>Specialized Field</b> (e.g., health (nurse), fire safety (firefighter), business practices (accountant))	Pertinent certification/license (contact DC CCC to discuss acceptability)	Varies depending on the specialized field (contact DC CCC to verify)	N/A	Varies depending on the specialized field (contact DC CCC to verify)

- The “Initial Eligibility Requirements” table from pages 18-19 of the *TAP Manual (June 2020)* is included for easy reference.

## List of Trainers Section

**LIST OF TRAINERS**

Trainers providing professional development to the early learning workforce in the District of Columbia must meet all DEL TAP requirements. All trainers that you wish to include in this application must currently be providing professional development on behalf of your organization. For each trainer listed, upload resumes and transcripts (or foreign credential evaluations, if applicable) at the end of the application. Organizations may apply for trainer approval in as many core knowledge areas as you have documentation to support.

Trainer's Name	Select the core knowledge area(s) for which you are seeking approval for this trainer to provide trainings. If you wish to select all core knowledge areas, select ALL.	Select the level at which the trainer is eligible to train.
----------------	---	---

No trainers found

Done Adding

For each trainer being included in this application, information regarding the following must be entered:

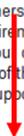
- A. Higher Education
- B. Credits Related to Core Knowledge Areas
- C. Specialized Field

Resumes and transcripts (or foreign credential evaluations, if applicable) for each trainer must be uploaded with other documentation at the end of the application.

1. To begin adding trainers, click on the “Add Trainer” button.

**▼ LIST OF TRAINERS**

Trainers providing professional development to the early learning workforce in the District of Columbia must meet all DEL TAP requirements. All trainers that you wish to include in this application must currently be providing professional development on behalf of your organization. For each trainer listed, upload resumes and transcripts (or foreign credential evaluations, if applicable) at the end of the application. Organizations may apply for trainer approval in as many core knowledge areas as you have documentation to support.



2. The application will advance to a page to add information about the first trainer. Enter the requested information.

**Trainer's Name \***

**Select the core knowledge area(s) for which you are seeking approval for this trainer to provide trainings. If you wish to select all core knowledge areas, select ALL. \***

**Select the level at which the trainer is eligible to train. \***

- a. For the question regarding core knowledge areas, the answer is selected from a drop-down list. Multiple answers may be chosen.
  - b. For the question regarding content level, the answer can be selected from a drop-down list.
3. NOTE: If you leave the application in the middle of entering information for a trainer, the application will not allow you to go back to that trainer’s section to finish. You must start over and create a new entry for that trainer, re-entering information you may already have entered.

### Education Tab

**EDUCATION**    WORK EXPERIENCE & TRAINING    SAMPLE TRAINING MODULE

**▼ HIGHER EDUCATION**

**Highest Degree Attained \***

Enter each relevant degree below, beginning with the most recent.

New Degree    More ▼    0 Degrees

Degree Level	Full Name of Degree	Date Awarded	College/University Full Name	City	State	Outside of the USA?

*Higher Education Section*

**▼ HIGHER EDUCATION**

**Highest Degree Attained \***

Enter each relevant degree below, beginning with the most recent.

0 Degrees

New Degree More ▼

Degree Level	Full Name of Degree	Date Awarded	College/University Full Name	City	State	Outside of the USA?

1. Select the trainer’s highest degree attained from the drop-down list.
2. Complete the table for all relevant degrees attained. The following fields are drop-down lists:
  - a. Degree Level
  - b. Outside of the USA?

*Credits Related to Core Knowledge Areas Section*

**▼ CREDITS RELATED TO CORE KNOWLEDGE AREAS**

Complete the section below for each core knowledge area for which you are seeking approval to provide trainings. All courses submitted to support each core knowledge area must be reflected in your transcripts.

0 Courses

New Course More ▼

Core Knowledge Area	Content Level	Full Title of Course	Year Completed	College/University Full Name	City	State	Outside of the USA?	Credit Level (undergraduate/ graduate)	Number of Credits Earned	Justification - Why is this course aligned with the core knowledge area selected?

1. Complete the table for the required number of college credits per training content level for each core knowledge area for which you are seeking approval for this trainer to provide trainings. This information is provided in the “Initial Eligibility Requirements” table for reference. All courses submitted to support each core knowledge area must be reflected in the trainer’s transcripts.
2. The following fields are drop-down lists:
  - a. Core Knowledge Area
  - b. Content Level
  - c. Outside of the USA?
  - d. Credit Level

*Specialized Field Section*

**▼ SPECIALIZED FIELD**

If you are submitting this trainer to be approved to train in a specialized field, enter the information below about relevant credentials. A copy of these relevant credentials must be uploaded at the end of the application.

New Specialized field More ▼ 0 Specialized fields

Full Name of Credential	Date Awarded	Entity that Awarded Credential	City	State	Outside of the USA?

1. If applying for approval for this trainer to train in a specialized field, complete the table with any relevant credentials. If you are not applying for approval for this trainer to train in a specialized field, skip this section.
2. The following field is a drop-down list:
  - a. Outside of the USA?

**Work Experience and Training Tab**

EDUCATION    **WORK EXPERIENCE & TRAINING**    SAMPLE TRAINING MODULE

**▼ TRAINING EXPERIENCE WITH ADULT LEARNERS**

Enter trainings for adult learners that this trainer has led, beginning with the most recent. Consult the "Initial Eligibility Requirements" table on the "List of Trainers" tab for how many clock hours within the last three years are required.

New Prior training experience More ▼ 0 Prior training experiences

Date	Event	Location of training	Topic	Number of Professional Learning Units/Clock Hours Earned by Participants	Core Knowledge Area(s)

*Training Experience with Adult Learners Section*

**▼ TRAINING EXPERIENCE WITH ADULT LEARNERS**

Enter trainings for adult learners that this trainer has led, beginning with the most recent. Consult the "Initial Eligibility Requirements" table on the "List of Trainers" tab for how many clock hours within the last three years are required.

New Prior training experience More ▼ 0 Prior training experiences

Date	Event	Location of training	Topic	Number of Professional Learning Units/Clock Hours Earned by Participants	Core Knowledge Area(s)

1. Complete the table with the required number of trainings for adult learners that the trainer has led. This information is provided in the "Initial Eligibility Requirements" table on the "List of Trainers" tab for reference. In the *TAP Manual (June 2020)*, the table may be found on pages 18-19.

2. The following fields are drop-down lists:
  - a. Core Knowledge Area
  - b. Content Level
  - c. Outside of the USA?
  - d. Credit Level

*Experience in Early Childhood Setting Section*

**EXPERIENCE IN EARLY CHILDHOOD SETTING**

Enter work experience this trainer has in an early childhood/youth development setting, beginning with the most recent. Consult the "Initial Eligibility Requirements" table on the "List of Trainers" tab for the minimum number of years in an early childhood setting required.

New Work experience in an early childhood setting More ▾ 0 Work experience in an early childhood settings

Position	Employer	City	State	Length of Employment	Full Time or Part Time?

1. Complete the table with the positions or other experience in an early childhood/youth setting (or specialized field) required for the training content level in which you are seeking approval for this trainer. This information is provided in the "Initial Eligibility Requirements" table for reference.

**Sample Training Module Tab**

EDUCATION
WORK EXPERIENCE & TRAINING
SAMPLE TRAINING MODULE

**SAMPLE TRAINING MODULE**

Download a template from [this link](#) to complete a sample training module for each core knowledge area and at the highest training content level each trainer (whether applying as an individual or with an organization, including exempt) is seeking. Upload the sample training module(s) with any other documentation at the end of the application.

SAVE AND PREVIOUS PAGE
CANCEL

*Sample Training Module Section*

**SAMPLE TRAINING MODULE**

Download a template from [this link](#) to complete a sample training module for each core knowledge area and at the highest training content level each trainer (whether applying as an individual or with an organization, including exempt) is seeking. Upload the sample training module(s) with any other documentation at the end of the application.

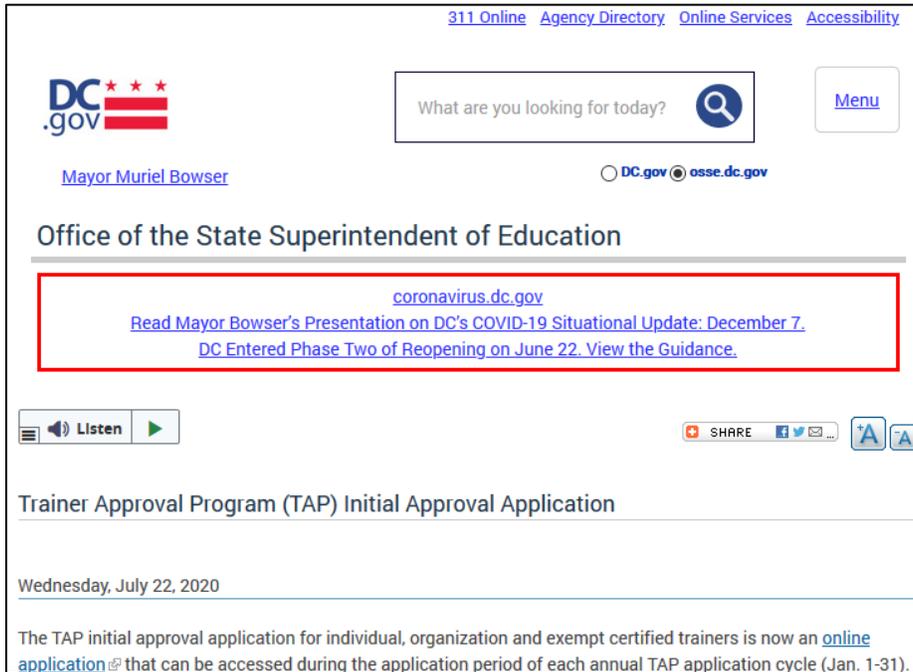
1. No data entry is required in this section. It provides the link for the sample training module template. Click on the blue "this link" text to navigate to the template.

EDUCATION
WORK EXPERIENCE & TRAINING
SAMPLE TRAINING MODULE

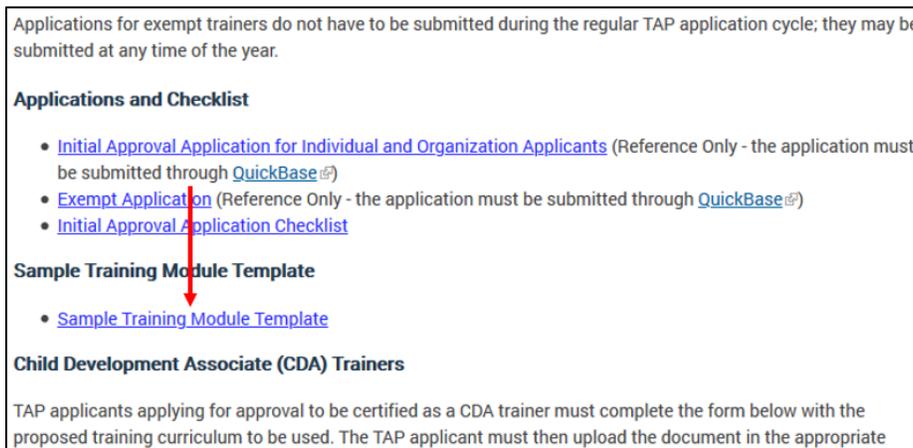
**SAMPLE TRAINING MODULE**

Download a template from [this link](#) to complete a sample training module for each core knowledge area and at the highest training content level each trainer (whether applying as an individual or with an organization, including exempt) is seeking. Upload the sample training module(s) with any other documentation at the end of the application.

2. Clicking on the link will take you to the “Trainer Approval Program (TAP) Initial Approval Application” webpage on the OSSE website.



3. Navigate to the “Sample Training Module Template” section below the “Applications and Checklist” section. Click on the “Sample Training Module Template” link.



This will download a Microsoft Word document form to complete.

**OSSE** DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF  
**EDUCATION**

**TRAINER APPROVAL PROGRAM**  
Sample Training Module Template

**Title of Training:** Click or tap here to enter text.

**Length of Training:** Click or tap here to enter text.

**Core Knowledge Area(s):**

Child Growth and Development

Building Family and Community Relationship

4. Complete the sample training module template and save it to your computer with the file name “Name of Organization\_Sample Training Module.docx.” You will need to include it with the upload of documentation at the end of the application. See the Document Upload Tab section for more directions.
5. Click on the blue “Save and Previous Page” button on the bottom of the page to return to the “List of Trainers” tab.

EDUCATION WORK EXPERIENCE & TRAINING **SAMPLE TRAINING MODULE**

▼ **SAMPLE TRAINING MODULE**

Download a template from [this link](#) to complete a sample training module for each core knowledge area and at the highest training content level each trainer (whether applying as an individual or with an organization, including exempt) is seeking. Upload the sample training module(s) with any other documentation at the end of the application.

**SAVE AND PREVIOUS PAGE** **CANCEL**

### Adding Additional Trainers

1. If you have additional trainers to add, click on the “Add Trainer” button and follow the same procedure as for the first trainer added.

▼ **LIST OF TRAINERS**

Trainers providing professional development to the early learning workforce in the District of Columbia must meet all DEL TAP requirements. All trainers that you wish to include in this application must currently be providing professional development on behalf of your organization. For each trainer listed, upload resumes and transcripts (or foreign credential evaluations, if applicable) at the end of the application. Organizations may apply for trainer approval in as many core knowledge areas as you have documentation to support.

**Add Trainer**

## Completing List of Trainers

1. Once you are finished adding trainers, return to the “List of Trainers” tab and check on the box labelled “Done Adding.”

**LIST OF TRAINERS**

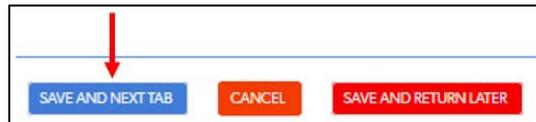
Trainers providing professional development to the early learning workforce in the District of Columbia must meet all DEL TAP requirements. All trainers that you wish to include in this application must currently be providing professional development on behalf of your organization. For each trainer listed, upload resumes and transcripts (or foreign credential evaluations, if applicable) at the end of the application. Organizations may apply for trainer approval in as many core knowledge areas as you have documentation to support.

[Add Trainer](#)

Trainer's Name	Select the core knowledge area(s) for which you are seeking approval for this trainer to provide trainings. If you wish to select all core knowledge areas, select ALL.	Select the level at which the trainer is eligible to train.
No trainers found		

Done Adding

2. Then click on the blue “Save and Next Tab” button on the bottom of the page to advance to the next tab.



## References Tab

DC.gov | Hi, Charmaine Llagas

My Apps   Trainer Approval Program

Home

APPLICANT INFORMATION   GENERAL TRAINING INFORMATION   LIST OF TRAINERS   REFERENCES   DOCUMENT UPLOAD   CONFIRMATION OF ELIGIBILITY

**REFERENCES**

Enter information for two references.

## References Section

▼ REFERENCES

Enter information for two references.

▼ Reference #1

First Name	Last Name
<input type="text"/>	<input type="text"/>
Title/Affiliation	
<input type="text"/>	
Relationship to Applying Individual/Organization	
<input type="text"/>	
Phone Number	Email Address
<input type="text"/> ext. <input type="text"/>	<input type="text"/>

▼ Reference #2

First Name	Last Name
<input type="text"/>	<input type="text"/>
Title/Affiliation	
<input type="text"/>	
Relationship to Applying Individual/Organization	
<input type="text"/>	
Phone Number	Email Address
<input type="text"/> ext. <input type="text"/>	<input type="text"/>

1. Complete this section for information for two references who can attest to your organization’s ability to design and deliver trainings in your organization’s selected core knowledge area(s) and level.

## Document Upload Tab

DC.gov | Hi, Charmaine Llagas

My Apps | Trainer Approval Program

Home

APPLICANT INFORMATION | GENERAL TRAINING INFORMATION | LIST OF TRAINERS | REFERENCES | **DOCUMENT UPLOAD** | CONFIRMATION OF ELIGIBILITY

▼ DOCUMENT UPLOAD

Consult the Initial Approval Application Checklist in Appendix A of the Trainer Approval Program Manual (2020) to ensure that all necessary documentation is included. If you are an individual applicant, be sure that the name of the file uploaded begins with your last name (e.g., Last Name\_TAP Initial Approval Application.PDF). If you are an organization or exempt applicant, be sure that the

## Document Upload Section

**DOCUMENT UPLOAD**

Consult the Initial Approval Application Checklist in Appendix A of the Trainer Approval Program Manual (2020) to ensure that all necessary documentation is included. If you are an individual applicant, be sure that the name of the file uploaded begins with your last name (e.g., Last Name\_TAP Initial Approval Application.PDF). If you are an organization or exempt applicant, be sure that the name of the file uploaded begins with the organization's name (e.g., Name Of Organization\_TAP Initial Approval Application.PDF).

List all documentation being uploaded. Separate each item in the list with a semicolon.

Note : The maximum file size for each uploaded document is 25 MB.

Upload all necessary documentation here.

No file selected.

1. Click on the gray “Browse” button to upload, as one document if possible, all necessary documentation for your organization’s application. Consult the initial approval application checklist in appendix A of the *TAP Manual (June 2020)*. If you are an organization, be sure that the name of the file uploaded begins with the organization's name (e.g., Name of Organization\_TAP Initial Approval Application.PDF).

**DOCUMENT UPLOAD**

Consult the Initial Approval Application Checklist in Appendix A of the Trainer Approval Program Manual (2020) to ensure that all necessary documentation is included. If you are an individual applicant, be sure that the name of the file uploaded begins with your last name (e.g., Last Name\_TAP Initial Approval Application.PDF). If you are an organization or exempt applicant, be sure that the name of the file uploaded begins with the organization's name (e.g., Name Of Organization\_TAP Initial Approval Application.PDF).

List all documentation being uploaded. Separate each item in the list with a semicolon. \*

Note : The maximum file size for each uploaded document is 25 MB.

Upload all necessary documentation here. \*

No file selected.

2. If uploading more than one file, add numbers to the label of the file to indicate the order of the files (e.g., Name of Organization\_TAP Initial Approval Application 1.PDF, Name of Organization\_TAP Initial Approval Application 2.PDF).

For directions on how to save a Microsoft Word file as a PDF, visit this [Microsoft support webpage](#). For directions on how to save a Pages for Mac file as a PDF, visit this [Apple support webpage](#).

## Confirmation of Eligibility Tab

DC.gov | Hi, Charmaine Llagas

My Apps | Trainer Approval Program

Home

APPLICANT INFORMATION | GENERAL TRAINING INFORMATION | LIST OF TRAINERS | REFERENCES | DOCUMENT UPLOAD | **CONFIRMATION OF ELIGIBILITY**

**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.

## Confirmation of Eligibility Section

**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 read the TAP Manual (2020) and I/our organization will uphold all trainer expectations and comply with all provisions outlined in the TAP Manual (2020).

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 as a trainer.

**Signature for Primary Applicant - Type in the name of the individual completing this form.**

**Date**

   
 **By checking this box, I indicate that I agree that I have read the above four statements and that I/my organization will abide by the above four statements.**

To submit your application, click on the blue "Save and Submit" button. You should receive a submission confirmation at the email address you provided. Once an initial review for completion of your application submission is done, a copy of your responses will be emailed. All decisions regarding your application will be communicated by DC CCC via email by April 1, 2021.

**SAVE AND SUBMIT**

1. For the purposes of this application, typing in your name will count as your signature. After entering the date, check the box next to the statement “By checking this box, I indicate that I agree that I have read the above four statements and that I/my organization will abide by the above four statements.”

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 as a trainer.

**Signature for Primary Applicant - Type in the name of the individual completing this form.**

**Date**

   
 **By checking this box, I indicate that I agree that I have read the above four statements and that I/my organization will abide by the above four statements.**

To submit your application, click on the blue "Save and Submit" button. You should receive a submission confirmation at the email address you provided. Once an initial review for completion of your application submission is done, a copy of your responses will be emailed. All decisions regarding your application will be communicated by DC CCC via email by April 1, 2021.

**SAVE AND SUBMIT**

2. To submit the application, click on the blue “Save and submit” button.

**By checking this box, I indicate that I agree that I have read the above four statements and that I/my organization will abide by the above four statements.**

To submit your application, click on the blue "Save and Submit" button. You should receive a submission confirmation at the email address you provided. Once an initial review for completion of your application submission is done, a copy of your responses will be emailed. All decisions regarding your application will be communicated by DC CCC via email by April 1, 2021.

**SAVE AND SUBMIT**

# Exempt Applicants

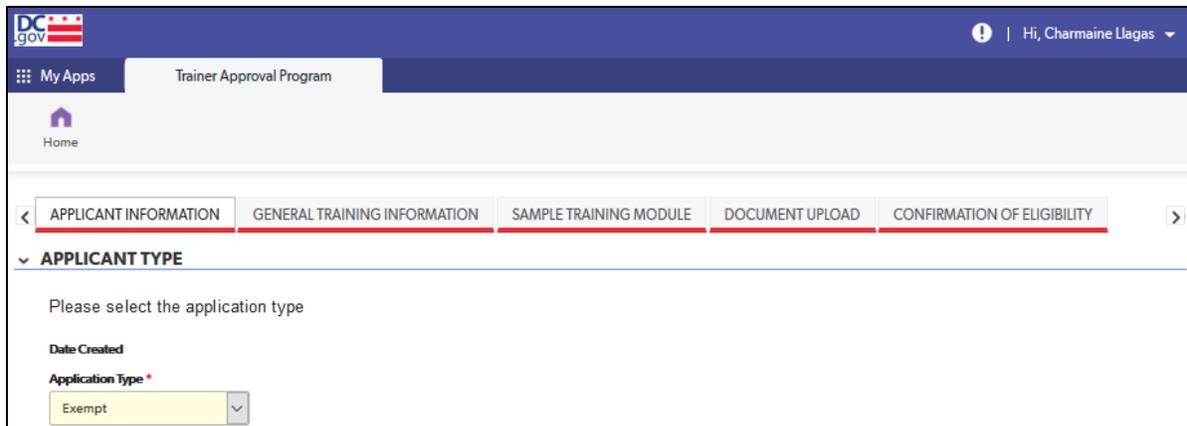
The following are the tabs/pages of the exempt applicant application:

- A. Applicant Information
- B. General Training Information
- C. Sample Training Module
- D. Document Upload
- E. Confirmation of Eligibility

This section explains the step-by-step process for completing the TAP Quick Base application for an exempt applicant.

If you have any questions about the content or documentation requirements for any section, consult the *TAP Manual (June 2020)*.

## Applicant Information Tab



## Entity Information Section

The screenshot shows a form section titled "ENTITY INFORMATION". It contains several input fields: "Entity Name\*", "Street Address\*", "City\*", "State\*" (a dropdown menu), "Zip Code\*", "Website\*", "Type of Organization\*" (a dropdown menu), and "Mission or Goal\*" (a large text area).

1. Complete each field with the requested information. The following fields are drop-down fields:
  - a. State
  - b. Type of Organization

## Primary Contact Information and Alternate Contact Information Sections

The screenshot shows two sections of a form. The first section is titled "PRIMARY CONTACT INFORMATION" and includes fields for "Name of Primary Contact\*", "Title/Position\*", "Is the primary contact's mailing address different from the entity's mailing address?" (a dropdown menu), "Telephone Number\*", "Type\*" (a dropdown menu), "Alternate Telephone Number\*", "Type\*" (a dropdown menu), and "Email Address\*". The second section is titled "ALTERNATE CONTACT INFORMATION" and includes fields for "Name of Alternate Contact\*", "Title/Position\*", "Is the alternate contact's mailing address different from the entity's mailing address?" (a dropdown menu), "Telephone Number\*", "Type\*" (a dropdown menu), "Alternate Telephone Number\*", "Type\*" (a dropdown menu), and "Email Address\*".

1. Complete each field with the requested information. The following fields are drop-down fields:
  - a. Is the primary contact's mailing address different from the entity's mailing address?
  - b. Telephone number type

- c. Alternate telephone number type
- 2. If you choose “yes” in response to “Is the primary/alternate contact's mailing address different from the entity's mailing address?” additional address fields will appear.

Is the primary contact's mailing address different from the entity's mailing address?\*

Yes

Street Address

City

State

Zip Code

Telephone Number\*

Type\*

Alternate Telephone Number\*

Type\*

Email Address\*

## General Training Information Tab

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My Apps | Trainer Approval Program

Home

APPLICANT INFORMATION | GENERAL TRAINING INFORMATION | SAMPLE TRAINING MODULE | DOCUMENT UPLOAD | CONFIRMATION OF ELIGIBILITY

LOGISTICS

Where are trainings typically held?

Are training locations metro accessible?

Are training locations wheelchair accessible?

Do training locations have parking?

## Logistics Section

LOGISTICS

Where are trainings typically held?

Are training locations metro accessible?

Are training locations wheelchair accessible?

Do training locations have parking?

Do training participants receive a certificate at the end of each training?

Are trainings offered in languages other than English?

- 1. Complete each field with the requested information. The following fields are drop-down fields:
  - a. Are training locations metro accessible?
  - b. Are training locations wheelchair accessible?
  - c. Do training locations have parking?
  - d. Do training participants receive a certificate at the end of each training?
  - e. Are trainings offered in languages other than English?

## Training Information Section

**TRAINING INFORMATION**

Complete this section for each training that your organization plans on offering the District of Columbia's early learning workforce. If you have more than five trainings you wish to submit, you can download an Excel template from this [link](#) to complete and submit with any other documentation at the end of the application.

0 Trainings

New Training More ▾

Training Topic	Training Level	Core Knowledge Area Training is Aligned With	Training Goal	List all trainer(s)	Are trainers employees of your entity?	If no, explain:	How often will this training be held?	Target Audience

1. Complete the table for each training that your organization would like to submit for approval. The following fields are drop-down lists:
  - a. Training Level
  - b. Core Knowledge Area Training is Aligned With
  - c. Are trainers employees of your entity
  - d. Target Audience

## Sample Training Module Tab

Hi, Charmaine Llagas ▾

My Apps
Trainer Approval Program

Home

APPLICANT INFORMATION
GENERAL TRAINING INFORMATION
SAMPLE TRAINING MODULE
DOCUMENT UPLOAD
CONFIRMATION OF ELIGIBILITY

**SAMPLE TRAINING MODULE**

Download a template from this link to complete a sample training module for each core knowledge area and at the highest training content level in which you or your organization is seeking approval. Upload the sample training module(s) with any other documentation at the end of the application.

## Sample Training Module Section

**SAMPLE TRAINING MODULE**

Download a template from this link to complete a sample training module for each core knowledge area and at the highest training content level in which you or your organization is seeking approval. Upload the sample training module(s) with any other documentation at the end of the application.

[Click here to Navigate to the link](#)

1. No data entry is required in this section. It provides the link for the sample training module template. To access the link, check on the box labeled “Click here to navigate to the link.” A link will appear to download the sample training module.

▼ **SAMPLE TRAINING MODULE**

Download a template from this link to complete a sample training module for each core knowledge area and at the highest training content level in which you or your organization is seeking approval. Upload the sample training module(s) with any other documentation at the end of the application.

[Click here to Navigate to the link](#)

[Click here](#)

2. Clicking on the link will take you to the “Trainer Approval Program (TAP) Initial Approval Application” webpage on the OSSE website.

[311 Online](#) [Agency Directory](#) [Online Services](#) [Accessibility](#)

   [Menu](#)

[Mayor Muriel Bowser](#)  [DC.gov](#)  [osse.dc.gov](#)

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**Office of the State Superintendent of Education**

[coronavirus.dc.gov](#)  
[Read Mayor Bowser's Presentation on DC's COVID-19 Situational Update: December 7.](#)  
[DC Entered Phase Two of Reopening on June 22. View the Guidance.](#)

 [Listen](#)  [SHARE](#)     

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**Trainer Approval Program (TAP) Initial Approval Application**

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Wednesday, July 22, 2020

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The TAP initial approval application for individual, organization and exempt certified trainers is now an [online application](#) that can be accessed during the application period of each annual TAP application cycle (Jan. 1-31).

3. Navigate to the “Sample Training Module Template” section below the “Applications and Checklist” section. Click on the “Sample Training Module Template” link.

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.

**Applications and Checklist**

- [Initial Approval Application for Individual and Organization Applicants](#) (Reference Only - the application must be submitted through [QuickBase](#))
- [Exempt Application](#) (Reference Only - the application must be submitted through [QuickBase](#))
- [Initial Approval Application Checklist](#)

**Sample Training Module Template**

- [Sample Training Module Template](#)

**Child Development Associate (CDA) Trainers**

TAP applicants applying for approval to be certified as a CDA trainer must complete the form below with the proposed training curriculum to be used. The TAP applicant must then upload the document in the appropriate

4. This will download a Microsoft Word document form to complete.

DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF  
**EDUCATION**

**OSSE**

**TRAINER APPROVAL PROGRAM**  
**Sample Training Module Template**

**Title of Training:** Click or tap here to enter text.

**Length of Training:** Click or tap here to enter text.

**Core Knowledge Area(s):**

- Child Growth and Development
- Building Family and Community Relationship

5. Complete the sample training module template and include it with the upload of documentation at the end of the application.

## Document Upload Tab

DC gov | Hi, Charmaine Llagas

My Apps | Trainer Approval Program

Home

APPLICANT INFORMATION | GENERAL TRAINING INFORMATION | **SAMPLE TRAINING MODULE** | DOCUMENT UPLOAD | CONFIRMATION OF ELIGIBILITY

DOCUMENT UPLOAD

Consult the Initial Approval Application Checklist in Appendix A of the Trainer Approval Program Manual (2020) to ensure that all necessary documentation is included. If you are an individual applicant, be sure that the name of the file uploaded begins with your last name (e.g., Last Name\_TAP Initial Approval Application.PDF). If you are an organization or exempt applicant, be sure that the name of the file uploaded begins with the organization's name (e.g., Name Of Organization\_TAP Initial Approval Application.PDF).

## Document Upload Section

DOCUMENT UPLOAD

Consult the Initial Approval Application Checklist in Appendix A of the Trainer Approval Program Manual (2020) to ensure that all necessary documentation is included. If you are an individual applicant, be sure that the name of the file uploaded begins with your last name (e.g., Last Name\_TAP Initial Approval Application.PDF). If you are an organization or exempt applicant, be sure that the name of the file uploaded begins with the organization's name (e.g., Name Of Organization\_TAP Initial Approval Application.PDF).

List all documentation being uploaded. Separate each item in the list with a semicolon.

Note : The maximum file size for each uploaded document is 25 MB.

Upload all necessary documentation here.

No file selected.

1. In the field labeled “List all documentation being uploaded,” enter a list of all documentation being included with your application. Separate each item in the list with a semicolon.

DOCUMENT UPLOAD

Consult the Initial Approval Application Checklist in Appendix A of the Trainer Approval Program Manual (2020) to ensure that all necessary documentation is included. If you are an individual applicant, be sure that the name of the file uploaded begins with your last name (e.g., Last Name\_TAP Initial Approval Application.PDF). If you are an organization or exempt applicant, be sure that the name of the file uploaded begins with the organization's name (e.g., Name Of Organization\_TAP Initial Approval Application.PDF).

List all documentation being uploaded. Separate each item in the list with a semicolon. \*

Note : The maximum file size for each uploaded document is 25 MB.

Upload all necessary documentation here. \*

No file selected.

2. Click on the gray “Browse” button to upload, as one document if possible, all necessary documentation for your organization’s application. Consult the initial approval application checklist in appendix A of the *TAP Manual (June 2020)*. Be sure that the name of the file uploaded begins with your organization's name (e.g., Name of Organization\_TAP Exempt Application.PDF).

DOCUMENT UPLOAD

Consult the Initial Approval Application Checklist in Appendix A of the Trainer Approval Program Manual (2020) to ensure that all necessary documentation is included. If you are an individual applicant, be sure that the name of the file uploaded begins with your last name (e.g., Last Name\_TAP Initial Approval Application.PDF). If you are an organization or exempt applicant, be sure that the name of the file uploaded begins with the organization's name (e.g., Name Of Organization\_TAP Initial Approval Application.PDF).

List all documentation being uploaded. Separate each item in the list with a semicolon. \*

Note : The maximum file size for each uploaded document is 25 MB.

Upload all necessary documentation here. \*

No file selected.

3. If uploading more than one file, add numbers to the label of the file to indicate the order of the files (e.g., Name of Organization\_TAP Exempt Application 1.PDF, Name of Organization\_TAP Exempt Application 2.PDF).

For directions on how to save a Microsoft Word file as a PDF, visit this [Microsoft support webpage](#). For directions on how to save a Pages for Mac file as a PDF, visit this [Apple support webpage](#).

## Confirmation of Eligibility Tab

The screenshot shows the top navigation bar with the DC.gov logo and a user profile for "Hi, Charmaine Llagas". Below the navigation bar, there are tabs for "My Apps" and "Trainer Approval Program". Under "Trainer Approval Program", there are five sub-tabs: "APPLICANT INFORMATION", "GENERAL TRAINING INFORMATION", "SAMPLE TRAINING MODULE", "DOCUMENT UPLOAD", and "CONFIRMATION OF ELIGIBILITY". The "CONFIRMATION OF ELIGIBILITY" tab is selected and expanded, showing the following text:

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

## Confirmation of Eligibility Section

The detailed view of the "CONFIRMATION OF ELIGIBILITY" section includes the following text:

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 read the TAP Manual (2020) and I/our organization will uphold all trainer expectations and comply with all provisions outlined in the TAP Manual (2020).

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 as a trainer.

**Signature for Primary Applicant - Type in the name of the individual completing this form.**

**Date**

By checking this box, I indicate that I agree that I have read the above four statements and that I/my organization will abide by the above four statements.

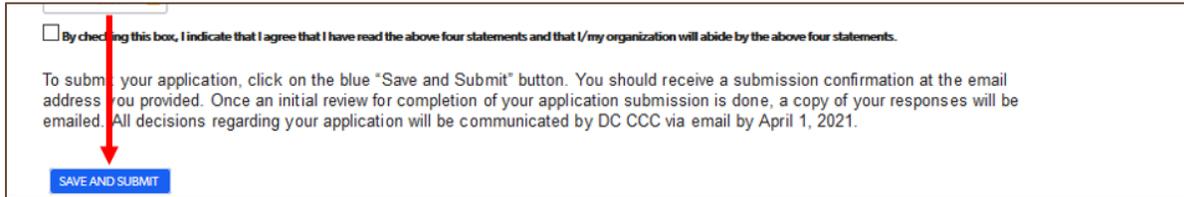
To submit your application, click on the blue "Save and Submit" button. You should receive a submission confirmation at the email address you provided. Once an initial review for completion of your application submission is done, a copy of your responses will be emailed. All decisions regarding your application will be communicated by DC CCC via email by April 1, 2021.

**SAVE AND SUBMIT**

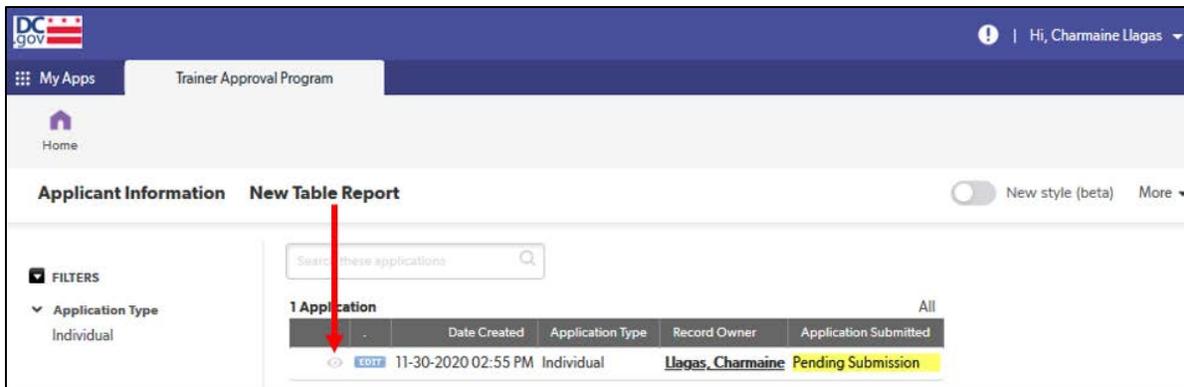
1. For the purposes of this application, typing in your name will count as your signature. After entering the date, check the box next to the statement "By checking this box, I indicate that I agree that I have read the above four statements and that I/my organization will abide by the above four statements."

This close-up view highlights the signature and date fields. A red arrow points to the signature input field, which is currently empty. The date field is set to "mm-dd-yyyy". Below these fields is the checkbox for agreement, which is currently unchecked. The "SAVE AND SUBMIT" button is visible at the bottom.

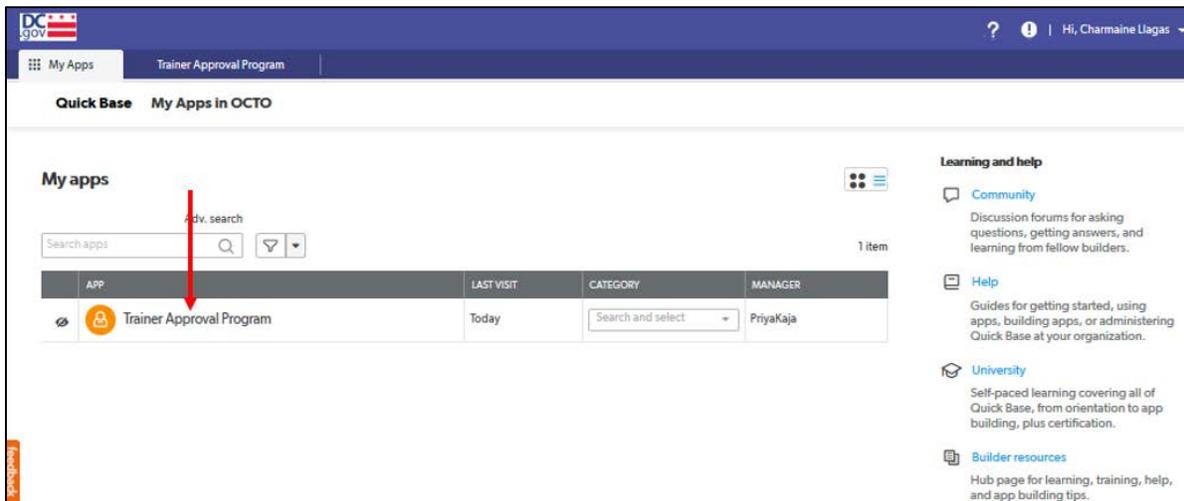
2. To submit the application, click on the blue “Save and submit” button.



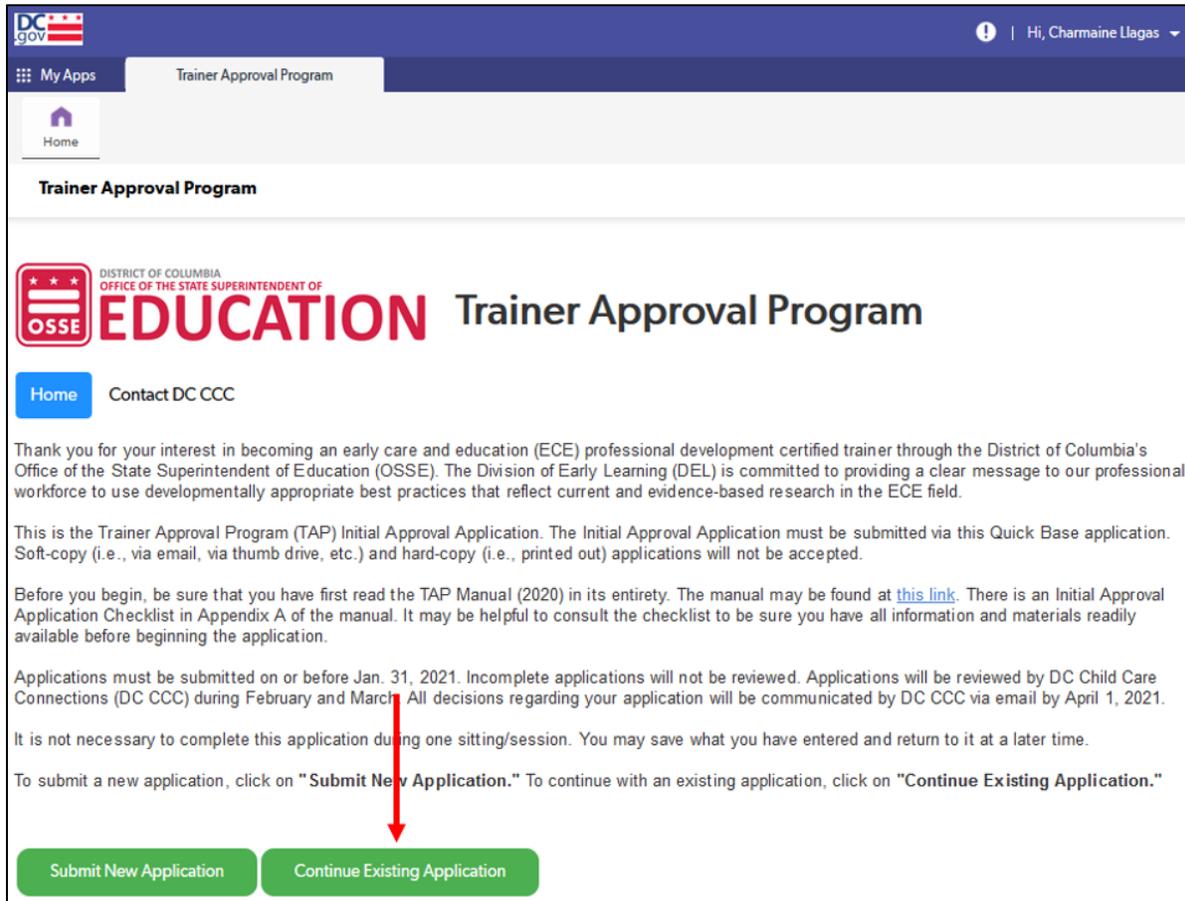
## Viewing a Submitted Application



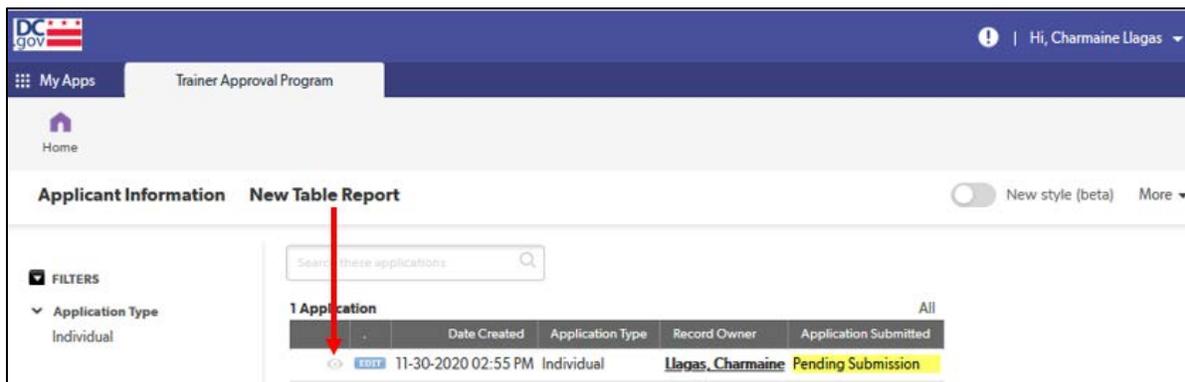
1. To view your submitted application, log in to your Quick Base account and click on the “Trainer Approval Program” app in your “My apps” list.



2. Click on the green “Continue Existing Application” bar towards the bottom of the page.



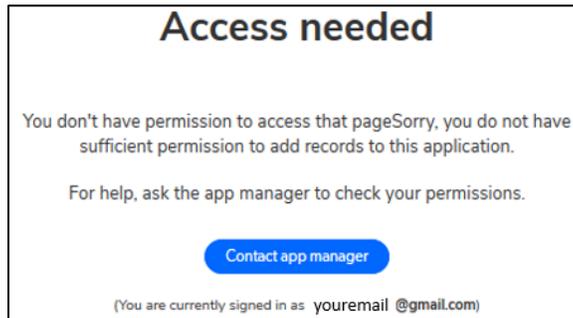
3. If you have a submitted application, it will appear on the next page and will be labeled “Submitted.” Click on the eye icon next to the application to access and view your application.



# Troubleshooting

## “Access Needed” Error

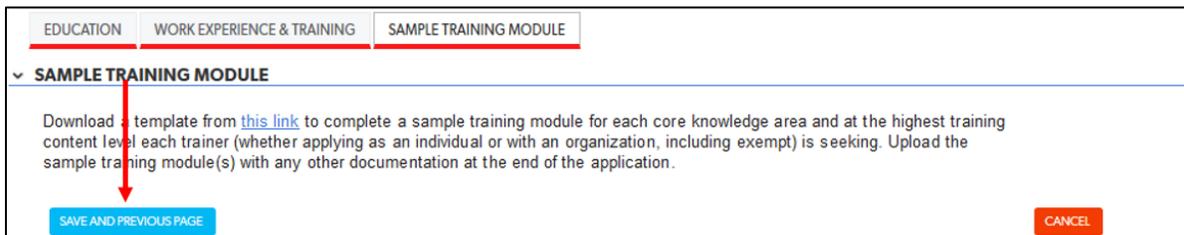
1. If you get an “Access Needed” error message such as the one below indicating that you do not have access to the page to which you are trying to advance, check that you are in the application type for which you registered. For instance, if you are trying to complete an “organization” application but registered for an “individual” application, you may not be able to gain access to certain sections of the “organization” application.



If you wish to complete a different application type than the one you registered for, please contact DC Child Care Connections (DC CCC) at (202) 678-0027 or [OSSE.DCChildcareConnections@dc.gov](mailto:OSSE.DCChildcareConnections@dc.gov).

## Organization Application – Trainer Information Entry

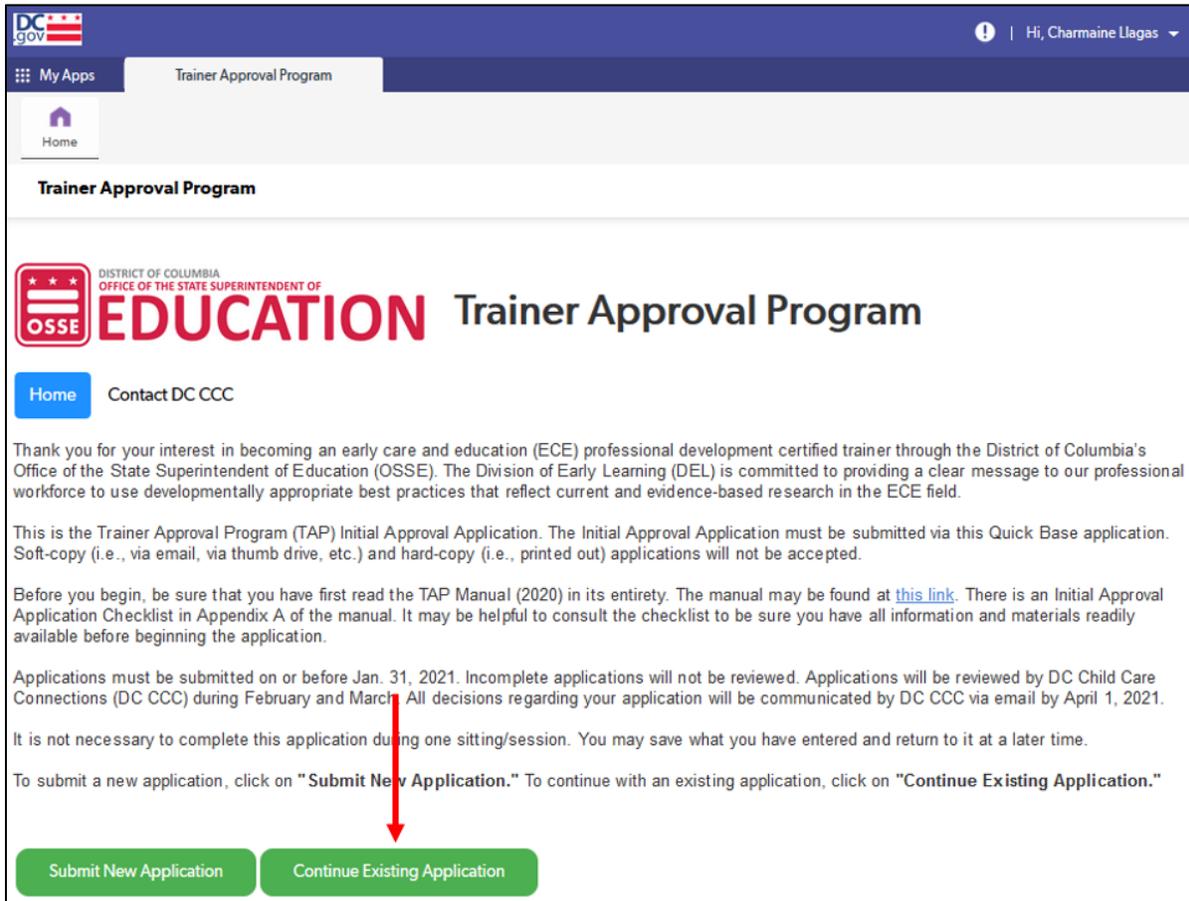
1. If you leave the application in the middle of entering information for a trainer, the application will not allow you to go back to that trainer’s section to complete entering information. You must create a new entry for that trainer and start over, re-entering information that you may have already entered.
2. Clicking on the blue “Save and Previous” or “Save and Previous Page” buttons is supposed to take you back to the “List of Trainers” tab.



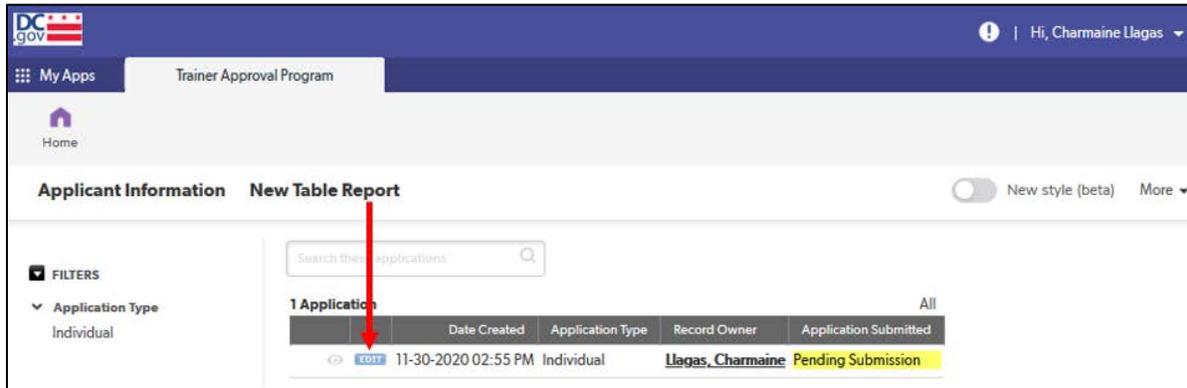
- a. If the application does not allow you to return to the “List of Trainers” tab and instead stays in one of the tabs for the trainer’s information on which you were just working, leave the application by clicking on the “Home” icon in the upper left-hand corner of your browser window.



- b. You will be brought back to the TAP Quick Base home page. Click on the green “Continue Existing Application” bar towards the bottom of the page.



- c. If you have a saved application, it will appear on the next page. Click on the blue “Edit” button to access and continue completing your application.



## Additional Tips and Troubleshooting

1. For additional tips and troubleshooting, go to the “General Tips” section.

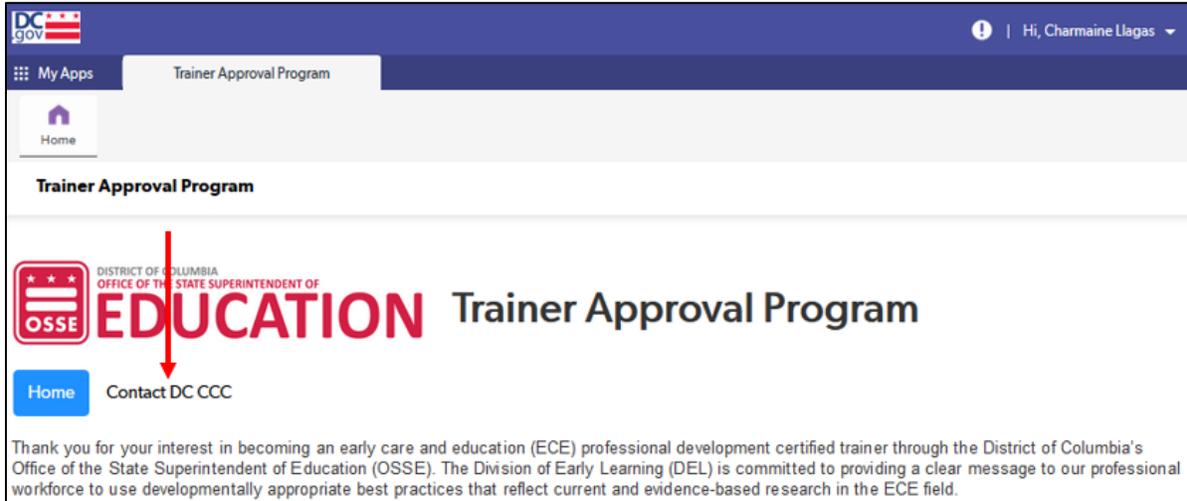
## Other Issues

1. If the issue you are having with the application is not addressed in this or the “General Tips” sections, save your work if you can, exit out of the application and out of Quick Base. Return to the application (see “Returning to an Application Already in Progress” section) and retry the action you were trying to complete when you encountered the issue.
2. If you continue to have issues, contact DC CCC at (202) 678-0027 or [OSSE.DCChildcareConnections@dc.gov](mailto:OSSE.DCChildcareConnections@dc.gov).

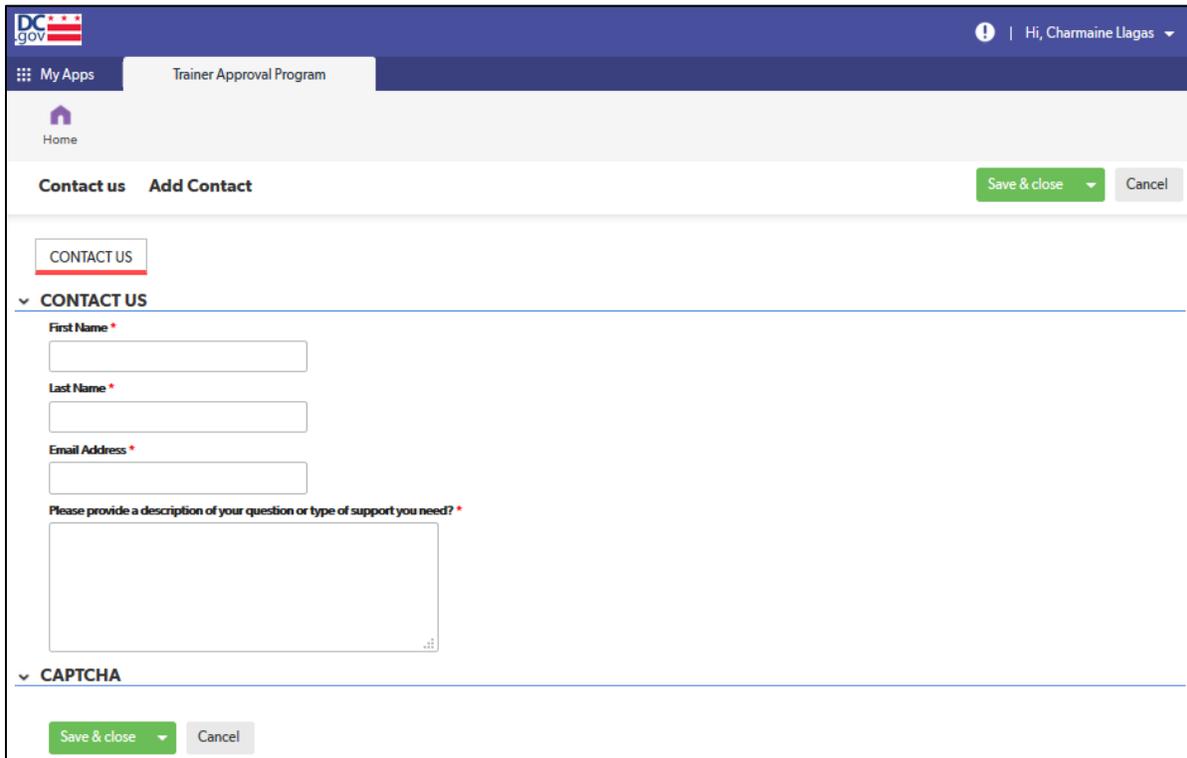
## Contacting DC Child Care Connections

DC CCC manages the TAP process for OSSE. Please contact them with any questions about the TAP Quick Base application or any other questions about TAP.

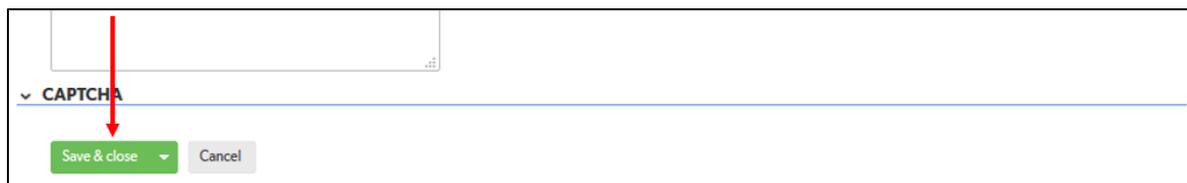
1. From the TAP Quick Base application home page, click on “Contact DC CCC.” (See the “Accessing the Application” section on how to access the TAP Quick Base application.)



a. Complete the required information.



b. Click on the green “Save & close” button at the bottom of the screen.



- c. DC CCC will contact you within 24 hours or the next business day regarding your question or support requested.
2. You can also contact DC CCC by phone at (202) 678-0027 or [OSSE.DCChildcareConnections@dc.gov](mailto:OSSE.DCChildcareConnections@dc.gov). If contacting by email, DC CCC will contact you within 24 hours or the next business day regarding your question or support requested.