



DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF

# EDUCATION

## TRAINER APPROVAL PROGRAM APPLICATION

<b>Primary Contact Information</b>	Name of Primary Contact: Title/Position: Mailing Address: Telephone Number: E-mail Address:
<b>Entity Information</b> <i><b>ORGANIZATIONS ONLY</b></i>	Entity Name: Mailing Address: Website: Business or Tax ID: Type of Business: <input type="checkbox"/> Non-profit <input type="checkbox"/> For profit Is entity licensed to work in DC? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Approval Cycle</b>	<input type="checkbox"/> Winter Cycle- <i>application must be submitted <u>annually</u> by January 30</i>
<b>Training Delivery Method and Content Level</b>	Training Delivery Method: <input type="checkbox"/> In person <input type="checkbox"/> Web-based instruction <input type="checkbox"/> DVD or CD instruction  <i>Select the level(s) for which your entity is prepared to train and/or coach</i> <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced  Intermediate and Advanced level trainings must include Pre/Posttest.  Advanced Level Training must have action plan or follow-up activity.
<b>Credits</b>	<i>What will training participants receive after completing training?</i> <input type="checkbox"/> Clock Hours <input type="checkbox"/> Continuing Education Units (CEUs) <input type="checkbox"/> International Association for Continuing Education & Training (IACET) Accredited <input type="checkbox"/> CEUs delivered via partnership with (college/university):
<b>Specialized Field</b>	<i>Is your organization representing a specialized field with trainers who do not have early childhood/child development degree or experience? (certifications must be attached)</i>  <input type="checkbox"/> No <input type="checkbox"/> Yes, the field is:

**Core Knowledge Area**

*Select the Core Knowledge Area(s) for which you have experience in providing. Be prepared to provide evidence of mastery. (3) per trainer*

- Child Growth and Development
- Building Family and Community Relationship
- Observing, Documenting and Assessing to Support Young Children and Families
- Health, Safety, and Nutrition
- Diversity: Family, Language, Culture, and Society
- Curriculum
- Program Management, Operation and Evaluation
- Inclusive Practices
- Professionalism and Advocacy
- Social-Emotional Development and Mental Health
- Learning Environments



11.			
12.			
13.			
14.			
15.			

<b>Additional <u>Organization-Level</u> Certifications</b> (Example: Maryland approved trainer, Red Cross, etc.) (Must attach certification(s))	<b>Certification Type</b>	<b>Certifying Agency or State</b>	<b>Expiration Date</b>

**Evidence of Policy Alignment**

Organizations must demonstrate that their policy for hiring DC trainers meets all of the initial and ongoing trainer approval requirements as stated in the Trainer Approval Program Policy and Procedures Manual.

Do you have evidence on file that the trainers\* listed in this application meet the requirements for the level and core knowledge area your organization is seeking approval in?

- Yes  No

Please attach resume and transcripts for all trainers listed.

Attachments:

I have enclosed a copy of the organization's policy and procedures for hiring trainers\*

I have enclosed a copy of the organization's trainer\* application form (blank)

I have enclosed a copy of the organization's trainer\* application form (completed copy from a current trainer's file)

<b>Contact Information -Trainer(s) Name</b> <i>(Individual and all trainers in organization applying for approval )</i>	<b>Core Knowledge Areas</b>	<b>Level</b> <i>Complete for highest level to be approved.</i>
<b>Credits Related to Core Knowledge Areas</b> (complete for each core knowledge area selected, repeat as needed)		
<b>Core Knowledge Area</b>		
<b>Full Title of Course</b>		<b>Year Completed</b>
<b>Full Name of College</b>		
<b>Location – City &amp; State</b>		<b>Outside of USA?</b>
<b>Credit Level</b>	<input type="checkbox"/> Undergraduate Level <input type="checkbox"/> Graduate Level	<b>Number of Credits</b>
<b>Justification</b>  Why is course aligned with this core knowledge area?		

<b>Credits Related to Core Knowledge Areas</b> (complete for each core knowledge area selected, repeat as needed)		
<b>Core Knowledge Area</b>		
<b>Full Title of Course</b>		<b>Year Completed</b>
<b>Full Name of College</b>		
<b>Location – City &amp; State</b>		<b>Outside of USA?</b>
<b>Credit Level</b>	<input type="checkbox"/> Undergraduate Level <input type="checkbox"/> Graduate Level	<b>Number of Credits</b>
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<b>Credit Level</b>	<input type="checkbox"/> Undergraduate Level <input type="checkbox"/> Graduate Level	<b>Number of Credits</b>	
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<b>Full Name of College</b>			
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<b>Credit Level</b>	<input type="checkbox"/> Undergraduate Level <input type="checkbox"/> Graduate Level	<b>Number of Credits</b>	
<b>Justification</b> Why is course aligned with this core knowledge area?			

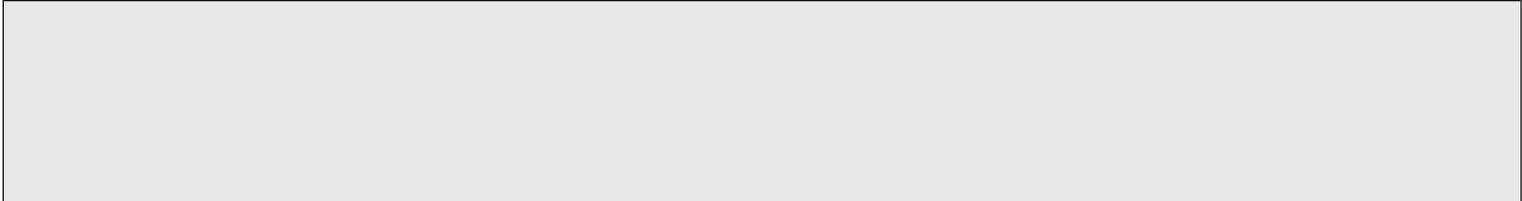
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<b>Core Knowledge Area</b>			
<b>Full Title of Course</b>		<b>Year Completed</b>	
<b>Full Name of College</b>			
<b>Location – City &amp; State</b>		<b>Outside of USA?</b>	

<b>Credit Level</b>	<input type="checkbox"/> Undergraduate Level <input type="checkbox"/> Graduate Level	<b>Number of Credits</b>	
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<b>Credit Level</b>	<input type="checkbox"/> Undergraduate Level <input type="checkbox"/> Graduate Level	<b>Number of Credits</b>	
<b>Justification</b> Why is course aligned with this core knowledge area?			
<b>Attachments</b>	<input type="checkbox"/> I have enclosed a <u>copy</u> of my transcript(s), that includes the courses listed above and resume <input type="checkbox"/> I have a degree from an institution outside of the United States and I have enclosed the foreign credential evaluation - see international degree policy		

<b>HIGHER EDUCATION</b>					
<b>Degree Level</b>	<b>Full Name of Degree</b>	<b>Date Awarded</b>	<b>Full Name of College</b>	<b>Location of College</b>	
				City & State	Outside of the USA?*
Associates					<input type="checkbox"/> Yes <input type="checkbox"/> No





<b>Additional Certifications</b> <i>(related certification)</i>		
<b>Certification Type</b>	<b>Certifying Agency or State</b>	<b>Expiration Date</b>

<b>Work Experience in an Early Childhood Setting</b>				
<b>Employer</b>	<b>State</b>	<b>Length of Employment</b>	<b>Full-time or Part-time</b>	<b>Position</b>

**Sample Training Module**

(Complete one for each core knowledge area and at the highest training content level you are seeking; core knowledge areas cannot be combined; please refer to module evaluation rubric in Trainer Approval Manual to understand how the module will be evaluated)

**Title of Training:**

**Length of Training:**

**Core Knowledge Area:**

**Level:**     Basic                       Intermediate                       Advanced

Intermediate and Advanced level trainings must have Pre/Posttest  
Advanced Level Training must have action plan or follow-up activity

**Target Audience:**

*Check all that apply*

- Before/After School Age Program Staff
- Staff Working with 0-2 Year Olds
- Staff Working with 2-4 Year Olds
- Early Intervention/Special Education Staff
- Program Administrators
- Staff Working with 4-5 Year Olds
- Staff Working with K – 3<sup>rd</sup> Graders
- Other (please specify) \_\_\_\_\_

**Brief Description of Training:**

**Three Major Training Outcomes:**

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

**Learning Opportunities and Training Pace:**

*(must be aligned with training outcomes, depth to content/Bloom's Taxonomy, core knowledge areas)*

Activity / Learning Opportunities	Length of Activity	Goal of this Activity

**Methods of Delivery:**

How will training engage auditory learners?

How will training engage kinesthetic learners?

How will training engage visual learners?

**If this is an Intermediate or Advanced level training, please include pre-test and post-test.**

**If this is Advanced level training, please include pre-test, post-test, action plan or follow-up activity.**

**References/Resources:**

What scholarly resources are used to support the training content? (*minimum 3 within the past 10 years*)

Title	Source		Author	Date
	Name of Source	Type of Source		

References				
Name of Reference	Title/Affiliation	Relationship to Applicant	Phone Number	Email Address
1.				
2.				
<b>Confirmation of Eligibility</b>	<p>I attest that the information included in this attachment is, to the best of my knowledge, true and accurate.</p> <p>If approved, I will deliver trainings at the training level and in the core knowledge area(s) in which I have been approved.</p> <p>I understand that approval as a trainer through this attachment process is not equivalent to a certification, and does not guarantee employment as a trainer.</p> <p>_____</p> <p>Signature of person submitting application</p> <p>Date: _____</p>			
<b>Submission Procedure</b>	<p>Applications must be received in-person or emailed by the due date.</p> <p>To:</p> <p>Diane Mason            Program Support Specialist            Professional Development Unit            Division of Early Learning            Office of the State Superintendent of Education            810 1<sup>st</sup> Street NE, 5th Floor            202-727-8118  <a href="mailto:diane.mason@dc.gov">diane.mason@dc.gov</a></p>			