



RENEWAL APPLICATION TRAINER APPROVAL PROGRAM

Applicant Information

Name of Approved Individual or Organization:

Complete Mailing Address:

Website:

Business or Tax ID Number:

Type of Business: Non-profit For-profit

Is this organization licensed to do business in DC? Yes No

Training Delivery Method: In person Web-based instruction DVD or CD instruction

Other platform:

What will training participants receive after completing training?

Clock Hours

Continuing Education Units (CEUs)

International Association for Continuing Education & Training (IACET) Accredited

CEUs delivered via partnership with: _____
(College/university)

Primary Contact Information

Name of Primary Contact:

Title/Position:

Telephone Number:

Email Address:

Current Training Level

Select the level: Basic Intermediate Advanced

Specialized Field

Is your organization representing a specialized field? No Yes

Name of Specialized Field: _____

Current Core Knowledge Area(s)

Select the Core Knowledge Area(s)

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

Evidence of Policy Alignment

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

Do you have evidence on file that the trainers* listed in this application meet the Trainer Approval Program Renewal Requirements?

Yes No

Quarterly Reports Submitted

Yes No

Current List of Trainers Eligible to Conduct Trainings in DC

(Trainers conducting trainings in DC must meet all ECE trainer approval requirements. Only approved trainers that were listed on the initial application need be listed here. New trainers for organizations must submit Resume, Transcripts and Credits Related to Core Knowledge along with Sample Training Modules for approval)-attach additional pages as needed.

Trainer	Core Knowledge Area(s)	Level
1.		
2.		
3.		
4.		
5.		

Train-the-Trainer sessions that focus on adult learning theories

Did all trainers attend a Train-the-Trainer Seminar within the three year certification period? Yes No
(If yes, attach a copy of completion certificate for each trainer)

Continuing Education Clock Hours (10)

-within the last (3) year for all trainers listed (attach a separate sheet to indicate trainings)

Trainers' Demographics

(For informational purpose only)

Total Number of Trainers Eligible to Conduct Trainings in DC:

List Total Number of Trainers in Each Category

Gender: Female Trainers Male Trainers

Ethnic origin: African American Hispanic
 American/Native Alaskan Asian American
 Native Hawaiian/Pacific Islander Caucasian
 Other

Hispanic Origin: Yes No

Language: Do your trainers speak a language other than English?

No

Yes, they speak the following language(s):

References

	Name of Reference	Title/Affiliation	Relationship to Applying Organization	Phone Number	Email Address
1.					
2.					

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 a training organization, we will deliver trainings at the training level and in the core knowledge areas in which we have been approved.

I have evidence on file that the trainers listed in this application, at minimum, meet the requirements for the training level and in the core knowledge area(s) our organization is seeking approval in.

I have read the Trainer Approval Program Policy and Procedures Manual and will uphold the Guiding Principles of this program.

I understand that approval as a training organization through this application process is not equivalent to a certification, and does not guarantee employment.

Signature for Primary Applicant-Individual

Date:

Signature for Primary Applicant-Organization

Date:

Submission Procedures

Applications must be received by email on or before the due date. *(January 30)*

Email Applications to: diane.mason@dc.gov

Diane Mason

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