

Credits Related to Core Knowledge Areas (complete for each core knowledge area selected, repeat as needed)

Core Knowledge Area			
Full Title of Course		Year Completed	
Full Name of College			
Location – City & State		Outside of USA?	
Credit Level	Undergraduate Level Graduate Level	Number of Credits	
Justification Why is course aligned with this core knowledge area?			

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Location – City & State		Outside of USA?	
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Full Name of College			
Location – City & State		Outside of USA?	
Credit Level	Undergraduate Level Graduate Level	Number of Credits	
Justification Why is course aligned with this core knowledge area?			

Attachments:

I have enclosed a copy of my transcript(s) that includes the courses listed above

I have a degree from an institution outside of the United States and I have enclosed the foreign credential evaluation - see international degree policy

Higher Education

Degree Level	Full Name of Degree	Date Awarded	Full Name of College	Location of College	
				City & State	Outside of the USA?*
Associates					<input type="checkbox"/> yes <input type="checkbox"/> no
Bachelors					<input type="checkbox"/> yes <input type="checkbox"/> no
Masters					<input type="checkbox"/> yes <input type="checkbox"/> no
PhD or EdD					<input type="checkbox"/> yes <input type="checkbox"/> no
Specialized Field* - Basic Level Only	Credential:		Awarded by:		<input type="checkbox"/> yes <input type="checkbox"/> no

Attachments:

I have enclosed a copy the diploma(s) for the degrees listed above

*If applicable:

I have enclosed a copy the credential listed above

I have a degree from an institution outside of the United States and I have enclosed the foreign credential evaluation - see international degree policy

Work Experience in an Early Childhood Setting

(includes before/afterschool care, practicum, coaching, faculty and administrative positions)

Employer	State	Length of Employment	Full-time or Part-time	Position

Attachments:

I have enclosed a copy of a resume which includes the experiences listed above

Sample Training Module

(complete for each core knowledge area and at the highest training content level you are seeking; 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

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
- Staff Working with 4-5 Year Olds
- Staff Working with K – 3rd 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 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?

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		

If this is an **intermediate and advanced** level training, please include pre-test and post-test.

If this is an **advanced** level training, please include action plan or follow-up activity.

References

	Name of Reference	Title/Affiliation	Relationship to Applicant	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 trainer, I will deliver trainings at the training level and in the core knowledge area(s) in which I have been approved.

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

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

Signature of Applicant

Date:

Submission Procedures

Applications must be received (not postmarked) via mail or email by the due date.

Email Applications to: diane.mason@dc.gov

Mail Applications to:

Diane Mason
Division of Early Childhood Education
Office of the State Superintendent of Education
810 First Street NE, 4th Floor
Washington, DC 20002
(202) 727-8118