

# Center Trainer Modules Request Form

(Return completed form without  
a coversheet via fax 561-868-7042

Attn: EC Registry)

*Institute of Excellence in  
Early Care and Education  
Palm Beach State College  
812 Fern St*

*West Palm Beach, FL*

*Ph: 561-868-3669 Fax: 561-868-7042*

*Check in and out by  
appointment only  
(IEECE will contact you within  
48 hours of receiving this form)*

Center Trainer: \_\_\_\_\_

Registry ID: \_\_\_\_\_

Center Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Module Requested: \_\_\_\_\_

Date of Training: \_\_\_\_\_

Time of Training: \_\_\_\_\_

Number of participants: \_\_\_\_\_

### This section will be completed at the time the module is checked out

*The undersigned agrees that he/she will:*

- Not sell or otherwise transfer the module being made available hereunder and shall not mortgage, pledge or hypothecate it.*
- Either replace or pay the value of any lost or damaged materials.*
- Return the module to IEECE four weeks from check out date (unless other arrangements are made with IEECE in writing.)*

*In order for this training to be considered Registry approved this request form must be submitted 14 days prior to the training date and the module must be returned with a Registry training sign in sheet and completed Director Feedback forms within 4 weeks of training.*

Check out date: \_\_\_\_\_

Check in date: \_\_\_\_\_

Center Trainer Signature: \_\_\_\_\_

Date: \_\_\_\_\_



#### Office Use Only:

Date Form Rcvd: \_\_\_\_\_ Rcvd By Intials: \_\_\_\_\_

Date Contacted Center Trainer: \_\_\_\_\_

Appt Date for Check Out: \_\_\_\_\_

Appt Date for Check In: \_\_\_\_\_