



Director Provided Training Approval Request Form

(This Form Must Be Submitted with all Required Documents at Least **30 Days** Prior to the Start of Your Training)

Training Date _____ (Office Use Only) Event ID # _____

Director/Center Trainer Name* _____

***Must be a Registry Approved Trainer or a Registry Approved Center Trainer**

Center Name _____ Phone: _____ Email: _____

How many hours of Registry Approved training has this center provided to their staff to date? (Please note: Maximum # of hours allowed per year is 15) _____

Title of Training _____

Number of Training Hours Awarded _____ (All Training events must be a **minimum of two hours** in length)

Has this Training been previously approved by the Registry? Yes No

Have any changes been made to the Training since its last approval? Yes* No N/A

***If Yes, please attach revised Agenda/Outline reflecting the changes**

Training Description:

What Content Areas will this Training cover: (Core Competency Areas)

- | | |
|--|--|
| <input type="checkbox"/> Health, Safety, and Nutrition | <input type="checkbox"/> Professionalism |
| <input type="checkbox"/> Child Development and Learning | <input type="checkbox"/> Observing, Documenting, Screening, and Assessing to Support Young Children and Their Families |
| <input type="checkbox"/> Building Family & Community Relationships | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Teaching and Learning Environments and Interactions | |
| <input type="checkbox"/> Curriculum | |

Participant Experience Level: Beginning (Less than 2 years) Intermediate (2-5 years) Advanced (More than 5 years)

Target Audience works with:

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Infants | <input type="checkbox"/> Toddlers |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> School age |
| <input type="checkbox"/> Adults | |

Training Format: (check all that apply)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Video / Overhead / Multimedia |
| <input type="checkbox"/> Large Group | <input type="checkbox"/> Handouts |
| <input type="checkbox"/> Role Play | <input type="checkbox"/> Small Group |
| <input type="checkbox"/> Panel | <input type="checkbox"/> Other |
| <input type="checkbox"/> Web based | |
| <input type="checkbox"/> Hands On | |

Learner Assessment method:

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Pre / Post Test | <input type="checkbox"/> Post Test | <input type="checkbox"/> Self Assessment |
| <input type="checkbox"/> Demonstrate Competency at Event | | <input type="checkbox"/> Demonstrate Competency after Event |
| <input type="checkbox"/> Knowledge Assessment | | |

Training Evaluation To be used Registry Version Trainer Version

Who will issue the certificate of attendance for this training? Registry* Trainer

***In order the Registry to issue certificates - all training participants must be members of the Registry**

Documents Required to Be Submitted In Addition to this Form:

- Training Agenda/Outline
- All additional Training materials that will be used as part of the Training (including handouts, Power Point, overheads, etc.)

Please Note: Training sign-in sheet and evaluations from training participants must be submitted to the Registry within 5 business days of the end date of the Training. For copies of the sign-in sheet and evaluation forms required, please click on the links below, or visit www.pbcregistry.org under Forms & Docs, Trainers you will find:

[Training Participant Sign-In Sheet](#)
[Training Evaluation](#)

By signing below, the trainer indicates understanding of the above statements.

Director/Center Trainer Signature

Date

Director/Center Trainer Name