



Trainer Application

I. Personal Information (please print clearly)				Office Use Only		
Full Name: (Last, First, MI)				Today's Date:		
Social Security Number (last five digits only):		Date of Birth:		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Home Address:			Apt:	City:		
State:	Zip:	Phone:		Email:		
Racial/Ethnic Background (for demographic information): <input type="checkbox"/> Native American <input type="checkbox"/> Guatemalan Mayan <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Haitian/Caribbean Islander <input type="checkbox"/> Other: _____			Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> French <input type="checkbox"/> Portuguese <input type="checkbox"/> Kanjobal <input type="checkbox"/> Other: _____		Secondary Language: <u>(Reading and Writing Proficient)</u> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> French <input type="checkbox"/> Portuguese <input type="checkbox"/> Kanjobal <input type="checkbox"/> Other: _____	
II. Current Employment Information						
Place of Employment:						
Address:				Work Phone:		
City:		State:		Zip:	County:	
<p>All applications <u>must be accompanied by the following:</u></p> <ul style="list-style-type: none"> college transcripts (can be unofficial) a current resume or curriculum vitae copies of any active certificates/licenses/credentials currently held two letters of professional reference <p><i>Please Note: You will be required to complete the Trainer Approval Series* prior to becoming Registry Approved.</i></p> <p><i>*Trainer Approval Series Consists of the Following Courses: Trainer Approval Series Online: An Introduction, Outcomes Driven Training I (ODT I), Outcomes Driven Training II (ODT II), & Registry Informational Technology</i></p>						

III. Professional Qualifications

Please check the box next to the statement that you think most closely matches your qualifications and attach relevant documentation as outlined/required.

Associate Trainer:

- 9 Credits in Early Childhood Education OR Active State of Florida Staff Credential or National CDA OR certification/documentation to train in specialized area (i.e., High/Scope)
- 4 years experience working within the childcare and/or education field

*Qualified to train Entry Level Practitioners***

Trainer I:

- AA/AS degree in Early Childhood Education, Child Development, or closely related field
- 9 credits in Early Childhood Education OR Active State of Florida Staff Credential OR National CDA OR certification/documentation to train in specialized area (i.e., High/Scope)
- 3 years experience working within the childcare and/or education field
- Completion of the *Trainer Approval Series

*Qualified to train Entry Level & Level 1 Practitioners***

Trainer II :

- BA/BS degree in Early Childhood Education, Child Development, or closely related field
- 9 credits in Early Childhood Education OR Active State of Florida Staff Credential OR National CDA OR certification/documentation to train in specialized area (i.e., High/Scope)
- 2 years experience working within the childcare and/or education field
- Completion of the *Trainer Approval Series

*Qualified to train Entry Level, Level 1 & Level 2 Practitioners***

Master Trainer :

- MA/MS/MEd/PhD/EdD
- 18 credits in Early Childhood Education or closely related field
- 2 years experience working within the childcare and/or education field OR specialized area of expertise
- Completion of the *Trainer Approval Series

*Qualified to design/deliver training that moves along articulated pathway; Qualified to train all Practitioner Levels***

Content Expert: (Not Required to Complete the Trainer Approval Series*)

- Current license, certificate or credential in area of expertise in which training focuses
- 3 years of related experience in area of expertise in which training focuses

*Qualified to deliver training in specialty areas (health, law, library, nutrition etc.) to all Practitioner Levels***

**Practitioner Levels

** Entry Level	<i>Includes the knowledge and skills expected of a professional new to the early care and education field, with minimal specialized training/education.</i>
** Level 1	<i>Includes the knowledge and skills commensurate with completion of the state-mandated training.</i>
** Level 2	<i>Includes level 1 plus the knowledge and skills commensurate with a Child Development Associate credential (CDA –now known as National Early Childhood Certificate (NECC)) or a Child Development Associate Equivalency Certificate (CDAE-now known as Florida Child Care Professional Credential (FCCPC)).</i>
** Level 3	<i>Includes levels 1 and 2 plus the knowledge and skills commensurate with an Associate’s Degree in Early Childhood.</i>
** Level 4	<i>Includes level 1, 2, and 3 plus the knowledge and skills commensurate with a Bachelor’s Degree in Early Childhood Education or a related field.</i>

IV. Florida Core Competencies

Please check all areas in which you think you are qualified to train.

- Health, Safety and Nutrition
- Child Development and Learning
- Building Family and Community Relationships
- Teaching & Learning Environments and Interactions
- Curriculum
- Observing, Documenting, Screening and Assessing to Support Young Children and Their Families
- Professionalism
- Other:

➤ V. Certificates/Licenses/Credentials Held (Staff Credential, National CDA , Certification to Train in Specialized Area)

1. _____
2. _____
3. _____

VII. Audience Information

In what languages can you provide training?

- English
- Spanish
- Creole
- French
- Portuguese
- Kanjobal
- Other _____

My target audience works with the following age group(s)

- Infants
- Toddlers
- Preschool
- School-Age
- Adults

Please include my contact information in the future Registry Trainer Directory.

I certify that the information I have provided is true and correct to the best of my knowledge.

Name (Print): _____

Date: _____

Signature: _____

Before Mailing/Faxing/Emailing Check List:

- Application Complete
- All Required Documentation Enclosed/Attached
- Application Signed and Dated

Questions? Please call (561) 868-3671, fax (561) 868-7042 or email ecregistry@palmbeachstate.edu

PBC Early Childhood Registry
812 Fern Street, West Palm Beach, FL 33401

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