

Trainer Application

Personal Information (please print)			Office Use Only ID#:
Full Name: (Last, First, MI)			
Social Security Number (last five digits only):		Date of Birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Address:		Apt:	<input type="checkbox"/> Mail to Work Address <input type="checkbox"/> Mail to Home Address
City:	State:	Zip:	County:
Home Phone: () ()	Other Phone: () ()	Personal Email:	Work Email:

All Registry applications must be accompanied by a current resume. Include relevant training experience (with dates) OR curriculum vitae and three letters of professional reference.

Professional Qualifications	
<p>I. Please check the box next to the statement in either Track I or Track II that most closely matches your qualifications and attach relevant documentation as required.</p>	
<p>Track I - Early Childhood Ed. Academic Criteria</p> <p><input type="checkbox"/> Associate: <input type="checkbox"/> A.S. in ECE/CHDV or <input type="checkbox"/> AA w/6 credits in ECE/CHDV</p> <ul style="list-style-type: none"> • 5 years full-time experience in licensed child care • Minimum 40 verified clock hours training experience in the last 5 years OR completion of *Train the Trainer (Adult Learning Principles) <p><input type="checkbox"/> Bachelor: <input type="checkbox"/> B.S. in ECE /CHDV or <input type="checkbox"/> BA w/6 credits in ECE/CHDV</p> <ul style="list-style-type: none"> • 3 years full-time experience in licensed child care • Minimum 30 verified clock hours training in the last 3 years OR completion of *Train the Trainer (Adult Learning Principles) <p><input type="checkbox"/> Master: <input type="checkbox"/> M.S. in ECE/CHDV or <input type="checkbox"/> MA w 6 credits in ECE/CHDV</p> <ul style="list-style-type: none"> • 2 years full-time experience in licensed child care • Minimum 20 verified clock hours training experience in the last 2 years OR completion of *Train the Trainer (Adult Learning Principles) • <p><input type="checkbox"/> Doctorate: <input type="checkbox"/> Ph.D. in ECE/CHDV or <input type="checkbox"/> PhD w/6 credits in ECE/CHDV</p> <ul style="list-style-type: none"> • 1 year full-time experience in licensed child care • Minimum 20 hours verified clock hours training experience in the last 2 years OR completion of *Train the Trainer (Adult Learning Principles) <p>* DCF Train the Trainer or verified training in adult learning principles may be accepted</p>	<p>Track II – Alternate Academic Criteria</p> <p>CDA Credential: <input type="checkbox"/> Florida Equivalency <input type="checkbox"/> National (must be current/valid)</p> <ul style="list-style-type: none"> • 5 years full-time experience in licensed child care • 40 verified hours training experience in the last 5 years OR completion of *Train the Trainer (Adult Learning Principles) <p><input type="checkbox"/> A.A./A.S./A.A.S. Major: _____</p> <ul style="list-style-type: none"> • 5 years experience in training area of expertise • 40 verified hours training experience in the last 5 years OR completion of *Train the Trainer (Adult Learning Principles) <p><input type="checkbox"/> B.A. /B.S. Major: _____</p> <ul style="list-style-type: none"> • 3 years experience in training area of expertise • 30 verified hours training experience in the last 5 years OR completion of *Train the Trainer (Adult Learning Principles) <p><input type="checkbox"/> M.A. / M.S. Major: _____</p> <ul style="list-style-type: none"> • 2 years experience in training area of expertise • 20 verified hours training experience in the last 5 years OR completion of *Train the Trainer (Adult Learning Principles) <p><input type="checkbox"/> Doctorate: _____</p> <ul style="list-style-type: none"> • 1 year experience in training area of expertise • 20 verified hours training experience in the last 5 years OR completion of *Train the Trainer (Adult Learning Principles) <p>* DCF Train the Trainer or verified training in adult learning principles may be accepted</p>

II. Content/Core Knowledge Areas: Please check all areas in which you are qualified to train.

<input type="checkbox"/> Child Growth, Development & Learning <input type="checkbox"/> Learning Environment <input type="checkbox"/> Observation & Assessment <input type="checkbox"/> Adult-Child Interaction/ Guidance <input type="checkbox"/> Program Structure/ Curriculum <input type="checkbox"/> Health, Safety & Nutrition <input type="checkbox"/> Early Literacy <input type="checkbox"/> Special Needs/Inclusion	<input type="checkbox"/> Family, Parent & Community Involvement <input type="checkbox"/> Diversity <input type="checkbox"/> Professionalism <input type="checkbox"/> Administration/Management <input type="checkbox"/> Environment Rating Scales <input type="checkbox"/> Developmentally Appropriate Activities <input type="checkbox"/> CPR/First Aid <input type="checkbox"/> Child Abuse/Neglect <input type="checkbox"/> Other: _____	DCF Trainings/Certifications: <input type="checkbox"/> 30-hour Intro to Family Child Care <input type="checkbox"/> 20-hour Intro to Child Care (center-based) <input type="checkbox"/> 10-hour Infant-Toddler Appropriate Practices <input type="checkbox"/> 10-hour Preschool Appropriate Practices <input type="checkbox"/> 10-hour Special Needs Appropriate Practices <input type="checkbox"/> 10-hour School-Age Appropriate Practices <input type="checkbox"/> 10-hour Behavioral Observation & Screening <input type="checkbox"/> 5-hour Early Literacy in Child Care <input type="checkbox"/> 3-hour Fundamentals in Child Care <input type="checkbox"/> 6-hour Train-the-Trainer <input type="checkbox"/> Child Development Associate (CDA)
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III. Certifications:
Please list any specialized certifications you currently hold:

1. _____
 2. _____
 3. _____

IV. Audience Information

In what languages can you provide training? <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 _____	My target audience works with the following age group(s) <input type="checkbox"/> Infants <input type="checkbox"/> Toddlers <input type="checkbox"/> Preschool <input type="checkbox"/> School-Age <input type="checkbox"/> Adults
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VI. Optional Information:

High School: <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> U.S. <input type="checkbox"/> Foreign <input type="checkbox"/> None Director's Credential: <input type="checkbox"/> Foundation <input type="checkbox"/> Advanced	DCF Courses Taken: <input type="checkbox"/> 30-hour FCC <input type="checkbox"/> 20-hour Center-Based 10-Hour <input type="checkbox"/> Behavioral Observation & Screening <input type="checkbox"/> Special Needs <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool/Young Child <input type="checkbox"/> School Age <input type="checkbox"/> Competency Test Certificate <input type="checkbox"/> 5-hour Early Literacy <input type="checkbox"/> 5-hour Basic Guidance/Discipline (web) <input type="checkbox"/> 5-Hour Computer Technology (web) <input type="checkbox"/> 3-hour Fundamentals of Child Care <input type="checkbox"/> None	6-Hour DCF "Train the Trainer" or comparable course: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: Name of course if not DCF:	Race/ Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caribbean Islander <input type="checkbox"/> Asian <input type="checkbox"/> Guatemalan-Mayan <input type="checkbox"/> Other _____
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Professional Activities: Please indicate any applicable activities and attach supporting documentation.	
<input type="checkbox"/> Current membership in recognized professional organization.	List organization:
<input type="checkbox"/> Officer in a recognized professional organization (past or present).	Office held? When held?
<input type="checkbox"/> Author of a published article related to field of expertise in a professional journal, periodical or local publication.	Name of Article & Publication, Date:
<input type="checkbox"/> Presenter at a local/state/national/ international professional conference or workshop (2 hour minimum).	Name & date of conference/workshop:
<input type="checkbox"/> Instructor of 3-credit course at an accredited college or university.	Name & prefix number of course: College/University:
<input type="checkbox"/> Instructor of non-credit course at an accredited college or university.	Name & prefix number of course: College/University:

Application Status	
Based on your training experience and the documentation provided you will be assigned one of the following categories to indicate the status of your Registry application:	
<u>Verified Trainer:</u>	Fully meet the education and training requirements in Track I or Track II.
<u>Provisional Trainer:</u>	Partially meets the education and training requirements in Track I or Track II. Additional documentation or requirements may be requested. Provisional status will be granted for 1 year.
<u>Specialty Trainer:</u>	Provide training outside of the early childhood education field.

NOTE: Verified Trainers are required to conduct a minimum of 10 hours of training annually.

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: _____

Please return this application to:
Palm Beach County Early Childhood Registry
c/o: Palm Beach State College
812 Fern Street West Palm Beach, FL 33401



Funded by Children's Services Council/Administered by Palm Beach State College