



## Training Approval Request Form

Today's Date: \_\_\_\_\_ (Office Use Only: Event ID # \_\_\_\_\_)

Trainer Name: \_\_\_\_\_ Registry ID# \_\_\_\_\_

Sponsoring Agency (if applicable): \_\_\_\_\_

Sponsoring Agency/Event Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Title of Training Event: \_\_\_\_\_

**(Course Prefix if Applicable)**

Location of Training (complete address required): \_\_\_\_\_

Date(s) of Training(s): \_\_\_\_\_ Time of Training(s) \_\_\_\_\_

Cost per participant: \_\_\_\_\_ Minimum # of participants for this training: \_\_\_\_\_

**(Not guaranteed by scholarship dollars)** Maximum # of participants for this training: \_\_\_\_\_

Number of Training Hours \_\_\_\_\_ (All training sessions must be a **minimum of two hours** in length)

Number of Training CEUS\* \_\_\_\_\_ (All training sessions must be a minimum of .2 CEUS in length)

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

If yes, please provide the identification number previously assigned to this training: \_\_\_\_\_

Have any changes been made to the training?  Yes  No

If yes, please provide a revised GOAL-PACES with the changes.

**Course Description: (if completing a GOAL-PACES form, please write "SEE GOAL-PACES")**

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Please list a **minimum** of two learning objectives for the participants in this training as they relate to early childhood care and education (or attach separately). A draft of the agenda or a copy of the registration form must also be submitted (if completing a GOAL-PACES form, please write "SEE GOAL-PACES").

1. \_\_\_\_\_

2. \_\_\_\_\_

\* CEUs (Continuing Education Units) can only be awarded by trainers or agencies authorized by IACET or other national CEU organization.



**What content area will this training cover (Core Knowledge Area)?** (Please check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Child Growth, Development & Learning | <input type="checkbox"/> Professionalism                        |
| <input type="checkbox"/> Learning Environment                 | <input type="checkbox"/> Family, Parent & Community Involvement |
| <input type="checkbox"/> Observation & Assessment             | <input type="checkbox"/> Administration/Management              |
| <input type="checkbox"/> Adult-Child Interaction/Guidance     | <input type="checkbox"/> Environment Rating Scales              |
| <input type="checkbox"/> Program Structure/Curriculum         | <input type="checkbox"/> Developmentally Appropriate Activities |
| <input type="checkbox"/> Health, Safety & Nutrition           | <input type="checkbox"/> CPR/First Aid                          |
| <input type="checkbox"/> Diversity                            | <input type="checkbox"/> Child Abuse/Neglect                    |
| <input type="checkbox"/> Early Literacy                       | <input type="checkbox"/> Other: _____                           |
| <input type="checkbox"/> Special Needs/Inclusion              |   |

**What Coaching Core Competencies will this training cover (Core Coaching Area)?** (Please check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Building Relationships & Accountability     | <input type="checkbox"/> Utilizing Effective Communication Skills |
| <input type="checkbox"/> Facilitating Shared Goal Setting & Planning | <input type="checkbox"/> Modeling Best Practices                  |
| <input type="checkbox"/> Other _____                                 |   |

**Participant Experience Level:**  Beginning (*less than 2 years*)       Intermediate (*2-5 years*)       Advanced (*more than 5 years*)

**Target Audience comprised of:**

- |  |   |
|--|---|
| <input type="checkbox"/> Center staff      | <input type="checkbox"/> Directors/Administration |
| <input type="checkbox"/> Family child care | <input type="checkbox"/> School-based staff       |
| <input type="checkbox"/> other _____       |   |

**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 ( <b>please include with GOAL-PACES forms</b> ) |
| <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 (Competency Assessment):**

- |  |                                    |   |
|--|------------------------------------|---|
| <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 |

**Training Evaluation method**     Provided by Registry     Provided by Trainer

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

**Is this training open to the public?**     Yes     No (If yes, it will be posted on the Registry web site.)

### **Palm Beach County Early Childhood Registry Training Approval Guidelines**

- 1) Training approval request form must be accompanied with an agenda and training materials if trainer is a provisionally approved trainer and content expert, or a GOAL-PACES form and training materials if trainer is a verified trainer.
- 2) For trainings that are opened to the public, requesting posting on the Registry website and requesting SEEK Scholarship, this training approval request form must be received a minimum of **90 days prior to the training date**. This will allow 30 days for Registry approval processing, 30 days for the posting of the

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training on the Registry website and 30 days for SEEK scholarship processing. However, if a trainer chooses to reduce the length of time during which the training is posted on the Registry website, he/she can submit the training approval request form **60 days** prior to the training event.

- 3) If this training is opened to the public, NOT requesting posting on the Registry website and requesting SEEK scholarship, this approval request must be **received by the Registry a minimum of 60 days prior** to the training date (*the training will not be posted on the Registry web site*). This will allow 30 days for Registry approval processing and 30 days for SEEK scholarship processing
- 4) If this training is NOT opened to the public (for example, in-house training for a specific center) and **not** requesting SEEK scholarship, this approval request must be **received by the Registry a minimum of 30 days prior** to the training date (*the training will not be posted on the Registry web site*). This will allow enough time for Registry approval processing.
- 5) Training must follow the Palm Beach County Early Childhood Registry Guiding Principles for Training Approval, which were provided in your original application packet.

**\*\*\* Please be advised that a trainer cannot advertise that the training is Registry-Approved and that SEEK Scholarship is available before the training is Registry-Approved. Once the training is Registry-Approved, SEEK eligibility will be determined and the trainer will be notified.**

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

_____	_____
Trainer Signature	Date
_____	_____
Trainer Name	Date
_____	_____
Sponsoring Agency Representative Signature (if applicable)	Date
_____	_____
Sponsoring Agency Representative Name	Date

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