



*Child Care Career
Development
System*

Trainer Registry Application

Please return to:
 Louisiana Pathways
 NSU Child and Family Network
 1800 Warrington Place
 Shreveport, LA. 71101
 Phone (800) 245-8925
 Fax (318) 677-3169

Name _____

Home Address _____

Home City & Zip _____ Home Phone (____) _____ - _____

E-Mail _____

Employer _____

Work Address _____

Work City & Zip _____ Work Phone (____) _____ - _____

Wk Fax (____) _____ - _____ At which address would you prefer to receive mail? Home _____ Work _____ E-Mail _____

I. Work Experience

- A. How many years have you provided direct care to children in an early childhood/child care program? _____
- B. Describe other experience working with children _____

- C. Attach a current resume or curriculum vita with verifiable information, such as academic transcripts and /or credentials, about relevant education, work, and professional experiences.

II. Educational Background – please mark all that apply

- GED/high school diploma
- Child Development Associate (CDA) credential in: _____
- Associate degree in _____
- Bachelor's degree in _____
- Master's degree in _____
- Doctorate degree in _____
- Certifications (please specify type and describe) _____
- NAFCC accreditation (National Association of Family Child Care) Expiration date _____

(Circle CDA Credential type)
Infant/Toddler
Preschool
Family Child Care
Home Visitor
Bilingual

III. Types of training

Indicate those that you have done and those that you are willing to do.

<i>Type of Training</i>	<i>List Experience (use extra sheet if necessary)</i>	<i>Willing to Do</i>
Professional meetings/conferences		
Workshops		
In-house (in own center or program)		
On-site (in other program)		
Educational institution		
Program consulting/technical assistance		
Other		

IV. Training Expertise

In which of the following subject areas are you competent to conduct training?

CDA Subject Areas	Examples
<input type="checkbox"/> Planning a safe, healthy, learning environment	Safety, first aid, health, nutrition, space planning, materials and equipment, play
<input type="checkbox"/> Steps to advance children's physical and intellectual development	Large and small muscle, language and literacy, discovery, art, music
<input type="checkbox"/> Positive ways to support children's social and emotional development	Self-esteem, independence, self-control, socialization
<input type="checkbox"/> Strategies to establish productive relationships with families	Parent involvement, home visits, conferences, referrals
<input type="checkbox"/> Strategies to manage an effective program operation	Planning, record keeping, reporting
<input type="checkbox"/> Maintaining a commitment of professionalism	Advocacy, ethical practices, work force issues, professional associations
<input type="checkbox"/> Observing and recording children's behavior	Tools and strategies for objective information collection
<input type="checkbox"/> Principles of child development and learning	Developmental milestones from birth to age 5, cultural influences on development

V. Why are you interested in providing child care training?**VI. Limitations on availability**

Please mark the areas to which you are willing to travel. (Please check all that apply)

25 miles 50 miles 100 miles 150+ miles

VII. Professional References

Please attach to your resume two written, professional references. These must:

- a) Be from two separate individuals (include contact information for both.)
- b) And refer to your skills as an adult trainer.

VIII. Additional Required Training Information

The following information concerning training may be required upon request by Louisiana Pathways:

- A. Ten (10) minute video of one of your training sessions
- B. Summary of training video including overview of the topic, goals and objectives
- C. A detailed agenda reflecting how the time will be used
- D. A sample of all handouts used in the training and a detailed bibliography of references used to prepare the training session

I certify that the above information is accurate and up-to-date.

Signature of Applicant

Date

For office use only

Status:

Approved _____

Deferred _____

Expiration date: ____/____/____



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TRAINER AGREEMENT

- The submitted application accurately reflects my education, training, and experience.
- I agree to only use the **Louisiana Pathways Child Care Career Development System** logo in the subject areas of my field as approved.
- I understand that I am to meet the Train the Trainer requirements, maintain a connection to the child care field, participate in any evaluation process, and identify all training with the correct CDA subject area.
- I understand that no more than six (6) hours of approved training can be awarded in any one day.
- I understand that it is my responsibility as a trainer to acquire and submit attendance information as required.
- I understand that a completed training certificate must be issued to each participant and clock hours must be adjusted to reflect actual participation in instances of late arrival or early dismissal.
- I understand that it is my responsibility as a trainer to train the entire length of the session.
- I understand that participants in my training sessions will not receive official credit for the training until all required training information has been returned to the **Louisiana Pathways Child Care Career Development System** and entered into the training Registry.
- I understand that my approval of training and my trainer's certificate is contingent upon my agreement with the above statements and that my certificate is valid for three (3) years.
- I understand that individuals representing the **Louisiana Pathways Child Care Career Development System** will request submittal of training evaluation forms.
- I understand that individuals representing the **Louisiana Pathways Child Care Career Development System** or the **Bureau of Licensing** may attend my session at any time.
- I understand that as a **Louisiana Pathways Child Care Career Development System** approved trainer, I shall not have any validated instance of abuse or neglect or any criminal conviction.
- I understand that the **DSS/Bureau of Licensing** maintains the right to disapprove any trainer or rescind a trainer's approval at anytime.
- I understand that if I am a director and/or owner of a child care center then I may only provide 6 of the required 12 hours of training for my center. My center must also be within compliance of licensing regulations and other requirements of any child care related regulatory agency and not have a history of any serious deficiencies or violations that resulted in the recommendation of adverse action against the facility.
- I understand that violation of any of the above statements may place this and/or future training certification applications in jeopardy.

I, hereby, agree to abide by the conditions set forth in this Trainer Agreement.

Signature

Date

Return application to:
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NSU Child & Family Network
1800 Warrington Place
Shreveport, LA 71101-4425
Phone: (318) 677-3167 or Toll-Free (800) 245-8925