

Request for Training Approval NON-ECE & OUT OF STATE

Complete this form if you are a trainer who is not in the field of Early Care and Education and/or if you are a trainer who currently resides outside the state of Nevada.

If you are a trainer currently or previously in the field of ECE and have already applied to the Registry for Career Ladder placement, please complete an ECE Trainer Request for Training Approval form.

IMPORTANT: All registered trainers must have an *"Ethical Obligations and Professional Responsibilities for Registered Trainers"* form on file. Training will not be considered without this signed agreement.



TRAINING APPROVAL CRITERIA

NON-ECE & OUT OF STATE Trainer

Child care training hours will be granted when the following criteria have been met:

Trainers who are not in the field of ECE and/or reside outside the state of Nevada are not required to be on the Registry's Career Ladder but are **required to submit an original signed copy of the "Ethical Obligations and Professional Responsibilities for Registered Trainers" form (next page).**

Before the Training

- ★ All training must be approved by the Registry office regardless of whether it is open to the general early childhood community or whether it is being offered in-house to staff, parents, or board members. *(In-house training will not be posted to the Registry's Online Training Calendar.)*
- ★ A separate Request for Training Approval Form must be submitted for each individual training topic and must be completed in full.
- ★ Requests must be submitted a **minimum of two weeks** prior to the date of the training. *(Requests received after the date of the training will not be approved.)*
- ★ Training requests must be for a minimum of one hour of training. *(Breaks are not to be included in total training hours requested.)*
- ★ Training must be provided by a qualified instructor as demonstrated by his/her educational, professional and teaching experience.
- ★ The training topic must fit within one of the seven established Core Knowledge Areas (Human Growth and Development, Positive Interactions and Guidance, Observation and Assessment, Environment & Curriculum, Health, Nutrition & Safety, Family & Community Relationships, Leadership & Professional Development, and Management & Administration).
- ★ The topic and content must clearly relate to Early Childhood Education (i.e. is related to child development and the direct care of children 0 – 8 years of age, is based on developmentally appropriate practice and theories of child development, supports the practical application of information provided, can be realistically used in the participant's work, etc.)
- ★ Training summary must clearly indicate the content of the training.

Support Documentation

In addition to submitting a completed Request Form, please also include the following):

- ★ An outline/agenda for the training.

After the Training

- ★ Trainers must provide a Certificate of Completion to each attendee at the conclusion of each training. Certificates must state that the training has been approved by *The Nevada Registry*, the number of child care training hours received as well as *The Nevada Registry* approval code.
- ★ Trainers must submit *The Nevada Registry Attendance/Sign-In Sheet*, to *The Nevada Registry*, within 7 days after the training. ***Please also include a sample of the certificate provided to attendees.***

Mail your original signed agreement to The Nevada Registry, 680 S. Rock Boulevard, Reno, NV 89502. Please do not fax. Agreement does not have to be submitted with each approval request (one time requirement unless revisions are made).

Ethical Obligations and Professional Responsibilities for Registered Trainers

I, (print name) _____, understand that as a registered Trainer with *The Nevada Registry*, I have certain ethical obligations and professional responsibilities to uphold.

Ethical Obligations, including but not limited to:

- I will support the work of *The Nevada Registry* and I will help others understand the role of the Registry in improving the quality of professional development opportunities which will, in turn, improve the quality of Early Care and Education in Nevada.
- I will present content that is congruent with the National Association for the Education of Young Children's Code of Ethical Conduct for Early Childhood Adult Educators. The Code of Ethical Conduct will also guide my own behavior.
- I will present current and factual information that reflects best practices for adult learning situations, including maintaining the confidentiality of all participants.
- I will adhere to copyright laws. I will not present material produced by other trainers or training programs without first obtaining written permission and/or acknowledging the source of the information as appropriate.
- I will provide professional development activities that are within the boundaries of my competence and expertise.
- I will treat all workshop participants with fairness and respect and will not discriminate against anyone for any reason. I will present information that is respectful and inclusive of diverse cultures.
- I will remain current in my profession by actively pursuing opportunities to continue my own professional development.
- I will not sell products or services, or allow others to, during a training session unless the products or services are directly related to the registered training content.
- I will cooperate with other professionals to the best of my ability in order to better serve Early Care and Education professionals, children and families of Nevada.

Professional Responsibilities, including but not limited to:

- I will maintain an active status with *The Nevada Registry* by renewing my career development file on an annual basis (*applies to ECE Trainers only*).
- I will submit the appropriate Registry forms for scheduling a workshop or training event *two weeks prior to the scheduled date of the workshop/training*.
- I will personally submit all of my own training approval requests and will ensure that the information contained within is complete, true, accurate and reflective of the information I will be providing.
- I will maintain an active email address that is registered in my name and will not use general company email addresses for Registry training approval correspondence.
- I will report any *planned* changes to a scheduled/approved training *prior* to the scheduled event. Changes include, but are not limited to, cancellations, changes in dates and/or changes in trainers. I will also report any unexpected changes that occur *during* my workshop/training on the next business day. Unexpected changes include, but are not limited to, illness of the trainer causing an early release, other unforeseen emergencies that prevent the workshop/training from being carried out in its entirety, etc.
- I will advertise a training as Registry-approved only after obtaining a Registry approval code.
- I will educate myself to the best of my ability about *The Nevada Registry* in order to accurately and supportively present information to participants.
- I will present information that reflects Nevada's Core Knowledge Areas and that clearly relates to Early Care and Education.
- I will cover the content registered and will not use training time to conduct business (e.g., staff meetings, scheduling, personnel issues, etc.).
- I will ensure that the length of my training is consistent with the number of hours approved.
- I will issue a Certificate of Completion to each attendee upon the conclusion of each training.
- I will ensure that anyone who was not present at my workshop/training and/or who missed more than a total of 15 minutes due to late arrival or early departure will not receive a Certificate.
- I will ensure that my Certificates state that the training has been approved by *The Nevada Registry*, the number of child care training hours received, the corresponding Core Knowledge Area as well as the Registry-issued approval code.
- I will submit the Registry Attendance/Sign-In Sheet and a copy of the Certificate I issued within seven (7) days after the workshop/training.
- I understand that in order to submit training for approval, this form must be signed and on file with the Registry.

I have read each of the above ethical obligations and professional responsibilities and I agree to abide by them. I will take all reasonable steps to protect the integrity of the Registry's training approval system and understand that my status as a registered Trainer with The Nevada Registry may be revoked for documented non-compliance of any of the above.

Signature: _____

Date: _____

Check here to authorize the release of your contact information to individuals looking for specific training and/or organizations that would like to notify you of upcoming training opportunities, events or special offers.

This document may undergo periodic review/revision.

Request for Training Approval - NON-ECE & OUT OF STATE Trainer

I. Personal Information (This section must be completed <u>each</u> time you request training approval)			
Name:		If applicable, Nevada Registry ID #: _____ r N/A	
Address:			Apt #:
City:	State:	Zip Code:	County:
Home Phone Number: ()			
Email Address (required): <i>Please provide a personal email address that has been registered in your name. General company email addresses will not be accepted.</i>			
II. Employment Information (This section must be completed <u>each</u> time you request training approval)			
Current Employer:		Title or Position:	
Address:		Phone #: ()	Fax #: ()
City:	State:	Zip Code:	County:
III. Qualifications and Training Expertise (Skip to Section IV if you have previously submitted a Request for Training Approval form to The Nevada Registry)			
Education Level: <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree			
Focus area (or major) of highest level of education obtained: _____			
Have you previously taught adult education? <input type="checkbox"/> Yes <input type="checkbox"/> No		Average number of trainings/courses offered per year? _____ For how many years? _____	
Please check the type of adult education training you have provided in the past (check all that apply):			
<input type="checkbox"/> Professional meeting/conference		<input type="checkbox"/> Instructor at an educational institution	
<input type="checkbox"/> Informal workshops (non-college training)		<input type="checkbox"/> Program consulting/technical assistance	
<input type="checkbox"/> In-house training (in your own center or program)		<input type="checkbox"/> Other: _____	
In which of the following Core Knowledge Areas (CKA) are you most competent to conduct training?			
<input type="checkbox"/> Human Growth and Development		<input type="checkbox"/> Health, Safety and Nutrition	
<input type="checkbox"/> Positive Interactions and Guidance		<input type="checkbox"/> Family and Community Relationships	
<input type="checkbox"/> Observation and Assessment		<input type="checkbox"/> Leadership and Professional Development	
<input type="checkbox"/> Environment and Curriculum		<input type="checkbox"/> Management and Administration	
Please check the specific topic areas that most closely fit your training expertise:			
<input type="checkbox"/> Early Childhood Theories (e.g., Piaget, Erikson, Maslow, etc.) <input type="checkbox"/> Research in Brain Development <input type="checkbox"/> Child Growth and Development <input type="checkbox"/> Ages and Stages <input type="checkbox"/> Guidance and Discipline <input type="checkbox"/> Observation, Evaluation & Documentation <input type="checkbox"/> Special Needs/Inclusion <input type="checkbox"/> Interactions with Children <input type="checkbox"/> Curriculum – Infant/Toddler <input type="checkbox"/> Curriculum – Preschool <input type="checkbox"/> Curriculum – School Age <input type="checkbox"/> Play, Creativity & Aesthetics <input type="checkbox"/> Curriculum Strategies & Methodologies <input type="checkbox"/> Practical Implementation of Curriculum <input type="checkbox"/> Developmentally Appropriate Practice	<input type="checkbox"/> Pre-K Standards & Outcomes for Children <input type="checkbox"/> Learning Environments <input type="checkbox"/> Early Literacy, Science, Math or Music (circle) <input type="checkbox"/> Child Abuse & Neglect Prevention <input type="checkbox"/> Identification & Reporting of Child Abuse and Neglect <input type="checkbox"/> Injury and Disease Prevention <input type="checkbox"/> CPR, 1 st Aid & Infectious Disease <input type="checkbox"/> Special Health Care Needs <input type="checkbox"/> Professionalism <input type="checkbox"/> Administration & Supervision <input type="checkbox"/> Modeling and Mentoring <input type="checkbox"/> Stress Management <input type="checkbox"/> Staff Interaction <input type="checkbox"/> Ethics and Confidentiality <input type="checkbox"/> Time Management <input type="checkbox"/> Resources & Career Advancement <input type="checkbox"/> Cultural and Individual Diversity	<input type="checkbox"/> Family Dynamics & Relationships <input type="checkbox"/> Communication Skills & Rapport <input type="checkbox"/> Public Relations <input type="checkbox"/> Technology <input type="checkbox"/> Business Management and Planning <input type="checkbox"/> Grant Writing <input type="checkbox"/> Leadership <input type="checkbox"/> Organizational Efficiency <input type="checkbox"/> Staff Development and Training <input type="checkbox"/> Accessing Resources <input type="checkbox"/> Accreditation and Regulatory Systems <input type="checkbox"/> Accountability and Evaluation <input type="checkbox"/> Advocacy <input type="checkbox"/> Legal Issues <input type="checkbox"/> Land and Development Issues <input type="checkbox"/> Administration <input type="checkbox"/> Other: _____	
Professional References: <i>Please provide the names of two individuals that may be contacted about your skills as a trainer.</i>			
Name:		Phone Number: ()	
Name:		Phone Number: ()	

IV. Training Approval Request (Submit a separate request form for each individual training topic.)

Name of Trainer:

Name of Training:

Has this training previously been approved by the Registry? Yes No Previous Approval Code:

Number of Training Hours Being Requested: _____ (Minimum of 1 hour)

Date of Training: Start Time: End Time:

Check One:
 Open to the general ECE public (posted to website) Being offered in-house (not posted to website)

Location of event (business name, if applicable):

Physical Address: City:

Is Pre-Registration Required? Yes No Deadline for Pre-Registration: ____/____/____

Is there a cost? Yes No If yes, cost of training: \$ _____

to call for more info. and/or to register: () Contact Person:

Additional Registration/Cost Information (optional): (i.e., no charge to members, training includes lunch, etc.):

Will this *specific* training be offered multiple times (same training, different dates)? Yes No
 If you know the dates, please list them below. *If dates are not yet determined, you will need to contact the Registry office each time you offer the training in order to receive an approval code for that specific date.*

a. Date: Start Time: End Time: Same location as above. Different location (enter below).
 Open to the ECE public Being offered in-house Address: City:

b. Date: Start Time: End Time: Same location as above. Different location (enter below).
 Open to the ECE public Being offered in-house Address: City:

c. Date: Start Time: End Time: Same location as above. Different location (enter below).
 Open to the ECE public Being offered in-house Address: City:

Level of Experience (of trainee)		Content will focus on what Age Group(s)?	Delivery Methods
<input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		<input type="checkbox"/> Neonatal <input type="checkbox"/> 0 to 1 <input type="checkbox"/> 1 to 3 <input type="checkbox"/> 3 to 5 <input type="checkbox"/> 5 to 8 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Lecture <input type="checkbox"/> Video/Overhead <input type="checkbox"/> Handouts <input type="checkbox"/> Small Group <input type="checkbox"/> Panel <input type="checkbox"/> Large Group <input type="checkbox"/> Role Play <input type="checkbox"/> Power Point <input type="checkbox"/> Distance Ed <input type="checkbox"/> Tests/ Assessments <input type="checkbox"/> Hands-on/Interactive
Target Audience			
<input type="checkbox"/> Caregivers/Teachers <input type="checkbox"/> Administrators <input type="checkbox"/> Trainers	<input type="checkbox"/> Parents <input type="checkbox"/> Other: _____		

Core Knowledge Area (CKA) of Training/Event

Select the CKA that will be the **primary** focus of the training. **Please check only one.**

<input type="checkbox"/> Human Growth and Development	<input type="checkbox"/> Environment & Curriculum
<input type="checkbox"/> Positive Interactions and Guidance	<input type="checkbox"/> Health, Nutrition and Safety
<input type="checkbox"/> Observation and Assessment	<input type="checkbox"/> Family and Community Relationships
<input type="checkbox"/> Management & Administration	<input type="checkbox"/> Leadership & Professional Development

Training Summary (Provide a brief summary of the content that will be covered).
 Note: This is what visitors to the online calendar of approved events will initially see when searching for training (when the training is open to the general ECE public).

ATTENTION: Please attach/submit a Training Outline/Agenda with this request.

Note:

- Training approval codes are specific to the date of the training and must be included on Certificates of Completion.
- A unique approval code is required each time a training is offered, even when the same training is being offered multiple times.
- Submit one Request for Training Approval form for each training topic. If topic will be repeated on multiple dates, and those dates are known, use only one form but list each date separately (above). Each date will receive a unique approval code.