



Traveling Arkansas'  
Professional  
Pathways Registry

## TRAINING REGISTRATION

### Section 1. SESSION TITLE

Session Title	
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### Section 2. SESSION INFORMATION

Location (site)			
Address			
City		ZIP	
County			
Date(s)			
Start Time		End Time	

### SESSION INFORMATION (use as needed)

Location (site)			
Address			
City		ZIP	
County			
Date(s)			
Start Time		End Time	

### SESSION INFORMATION

Location (site)			
Address			
City		ZIP	
County			
Date(s)			
Start Time		End Time	

### SESSION INFORMATION

Location			
Address			
City		ZIP	
County			
Date(s)			
Start Time		End Time	

### Section 3. PROPOSER INFORMATION

Sponsoring Institution (or individual)	
Phone and email	
Trainer Name(s)	
Trainer(s) Registry ID #	

**Section 4. WEB SITE INFORMATION**

1.	Would you like this session displayed on the Web site? <b>YES</b> <b>NO</b>
2.	Contact name* to appear on Web site: (*contact name may be institution name or person)
3.	Contact phone number to appear on Web site: (      )
4.	What is the maximum number of participants that may enroll?
5.	Would you like participants to be able to register online? <b>YES</b> <b>NO</b>
6.	Choose one of the following options to appear if you do <b>NOT</b> want practitioners to be able to register online:

<input type="checkbox"/>	CLOSED
<input type="checkbox"/>	Please call to register
<input type="checkbox"/>	Call for more info
<input type="checkbox"/>	Other: _____

**Section 5. Please check the primary Competency Area that will be addressed in this professional development opportunity. (choose up to 5)**

<input type="checkbox"/>	Child Growth and Development
<input type="checkbox"/>	Creating Caring Communities to Support Learning and Development
<input type="checkbox"/>	Supporting Learning and Development Through Curriculum Planning and Implementation
<input type="checkbox"/>	Assessment and Evaluation
<input type="checkbox"/>	Family
<input type="checkbox"/>	Community
<input type="checkbox"/>	Professionalism
<input type="checkbox"/>	Program Management
<input type="checkbox"/>	Communications
<input type="checkbox"/>	General Knowledge

**Section 6. Specialty Area of Participants (choose the most appropriate, choose 1)**

<input type="checkbox"/>	Infant and Toddler (6 weeks-3 years)
<input type="checkbox"/>	Preschool (3 -5 years)
<input type="checkbox"/>	Kindergarten
<input type="checkbox"/>	Primary Grades 1-3
<input type="checkbox"/>	School Age (5-13 years)
<input type="checkbox"/>	Multiple Age Groups
<input type="checkbox"/>	Administrators
<input type="checkbox"/>	Trainers
<input type="checkbox"/>	Other

**Section 7. Level of Training - What level of practitioner would benefit from this training?**

<input type="checkbox"/>	<b>Basic</b> - Practitioners who are developing an understanding and/or beginning to apply knowledge and skills. Initial 10-20 hours of training.
<input type="checkbox"/>	<b>Intermediate</b> - Practitioners who are frequently and/or consistently applying knowledge and skills.
<input type="checkbox"/>	<b>Advanced</b> - Practitioners who have thorough knowledge, ability to modify, evaluate, and synthesize; and/or are fostering growth, exercising leadership, and advocating.

Please *E-mail* to: prof\_registry@astate.edu  
 Or *Mail* to: TAPP Registry, P.O. Box 808, State University, AR 72467  
 For questions, please call the Registry office at (870) 972-3055 or (888) 429-1585

OFFICE USE

Date Received \_\_\_\_\_ Date Entered \_\_\_\_\_ Initials \_\_\_\_\_