

**FOR OFFICE USE ONLY**

Level \_\_\_\_\_

Registry ID# \_\_\_\_\_

**ARKANSAS EARLY CHILDHOOD PROFESSIONAL DEVELOPMENT SYSTEM  
Trainer Registry Application**



**PLEASE PRINT OR TYPE**

**SECTION I. PERSONAL INFORMATION**

Name \_\_\_\_\_  
First Middle Last

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Home E-Mail address \_\_\_\_\_

Home Fax (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Occupation (Please check one. If "other", please give title.)

- Asst. Teacher       Teacher/Lead Teacher       Family Child Care       Consultant  
 Director/Administrator       Program Coordinator       Higher Education       Other \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Work Fax (\_\_\_\_) \_\_\_\_\_

Work E-Mail address \_\_\_\_\_

At which address would you prefer to receive mail?

Home \_\_\_\_\_ Work \_\_\_\_\_  
Home E-Mail \_\_\_\_\_ Work E-Mail \_\_\_\_\_

## SECTION II. TRAINER VERIFICATION

Please check all Competency Areas in which you have expertise or work experience and in which you are willing to provide quality adult training and/or consultation. You must include copies of vita or resume, academic transcripts and/or credentials as documentation of your expertise or work experience.

### COMPETENCY AREAS

- 1. Child Growth and Development.** Knowledge and application of principles of growth and development in all areas, including individual differences and cultural influences on development.
  - Prenatal
  - Preschool (3-5 years)
  - School-Age (6-12 years)
  - Individual Differences
  - Infants/Toddlers (birth to 3 years)
  - Kindergarten (5-6 years)
  - Children with Special Needs
  - Cultural Influences on Development
  - Other \_\_\_\_\_
  
- 2. Creating Caring Communities to Support Learning and Development.** Developing safe, healthy environments, which include age appropriate materials and equipment, using positive guidance and appropriate human relations skills
  - Playground Development
  - Child Safety
  - Child Health
  - Room Arrangement/Environments
  - Special Needs/Inclususion
  - Mental Health
  - Child Nutrition
  - Child Abuse/Neglect
  - Behavior and Guidance
  - Social Competence
  - Emotional Competence
  - Other \_\_\_\_\_
  
- 3. Supporting Learning and Development Through Curriculum Planning and Implementation.** Developing and implementing appropriate curriculum, including materials selection, daily planning, and broader curriculum development
  - Music/Movement Experiences
  - Math/Numeracy
  - Science
  - Learning Centers
  - Curriculum Models
  - Summer and Recreation Programs
  - Outdoor Learning
  - Sensory Activities
  - Curriculum Development/Program Planning
  - Technology/Children's programs
  - Drama/Puppetry
  - Creative Art
  - Language/Literacy
  - Social Studies
  - Dramatic Play
  - Blocks
  - Other \_\_\_\_\_
  
- 4. Assessment and Evaluation.** Methods of appropriately assessing children's development and progress through the curriculum, and methods to evaluate curriculum and programs
  - Observing and Recording Children's Behavior
  - Portfolio Assessment
  - Child Assessment and Svaluation
  - Other \_\_\_\_\_

**5. Family.** Understanding how families function and methods to work with and support families.

- Family/Staff Relationships
- Family Involvement
- Resources to Support Families
- Parenting Education
- Other \_\_\_\_\_

**6. Community.** Understanding how the community and program interact and how to access community resources

- Culture and Gender Diversity
- Resources for Program and Family Support
- Collaboration
- Ethnic/Cultural Sensitivity
- Involvement with the Community
- Other \_\_\_\_\_

**7. Professionalism.** Developing the dispositions of professionalism and life-long learning, understanding and exhibiting professional behavior

- Ethics in early care and education
- Leadership
- Teamwork
- Advocacy
- Mental Wellness (Ex. Stress Management)
- Other \_\_\_\_\_

**8. Program Management.** Understanding the interactions among the different elements of early care and education programs and developing skills to effectively manage these programs

- Administration/Director
- Business Management
- Accreditation (I/T)
- Accreditation (family child care)
- Program Assessment and Evaluation
- Technology/Child care management
- Accreditation (school-age)
- Accreditation (preschool)
- Regulations
- Other \_\_\_\_\_

**9. Communication.** Utilizing appropriate oral and written communication skills

- Marketing
- Conflict Resolution
- Positive Communication Techniques
- Public Relations
- Written Communication Skills

**10. General Knowledge.** Utilizing accurate information when interacting with children and families

The following pages describe the criteria for verification as a trainer at different levels of the *Spectrum*. Please review the Trainer Verification Criteria for each level. If your experience and education do not match the criteria for any of these levels, you may be eligible to serve as a Provisional Trainer or a Specialized Trainer. (See page 6.)

- Provisional Trainers fall into two categories: (1) New trainers with fewer than 10 clock hours of experience in training adults; (2) Trainers who have acquired knowledge and skill in a competency area which is not indicated by documentation of education and training.
- Specialized Trainers are trainers who do not have education or experience in early childhood but who have specialized knowledge which may be of value to early childhood practitioners.

**Please read the requirements for each level of trainer before completing. You need only complete one section.**

### ADVANCED TRAINER

- I have at least 50 clock hours of experience training adults. (# of hours) \_\_\_\_\_

*Please indicate the statement which describes your education and your experience with children.*

- I have earned a CDA or other credential (as listed in Basic Trainer), AND I have at least 6 years of work experience with children in an early childhood setting. (# of years) \_\_\_\_\_
- I have earned an Associate degree in early childhood, child development or a related field with at least 12 credit hours in early childhood education (ECE) or child development (CD). [Related Fields: psychology, sociology, education, social work], AND have at least 5 years of experience working with children in an early childhood setting. (# of years) \_\_\_\_\_
- I have earned a Bachelor's degree in early childhood, child development, or a related field with at least 12 credit hours in ECE/CD [Related Fields: psychology, sociology, education, social work] AND I have at least 3 years of work experience with children in an early childhood setting. (# of years) \_\_\_\_\_
- I have earned a Master's degree or Doctorate in early childhood, child development, or a related field with at least 12 credit hours in ECE/CD [Related Fields: psychology, sociology, education, social work] AND I have at least 2 years of work experience with children in an early childhood setting. (# of years) \_\_\_\_\_

I have received 90 clock-hours or more of education/training in the competency areas for which I am requesting verification.

- I meet the above criteria and I am requesting verification as an Advanced Trainer.

### INTERMEDIATE TRAINER

- I have at least 25 clock hours of experience training adults. (Indicate number of hours.) \_\_\_\_\_

*Please indicate the statement which describes your education and your experience with children.*

- I have earned a CDA or other credential (listed in Basic Trainer) and at least 4 years of experience working with children in an early childhood setting. (# of years) \_\_\_\_\_
- I have earned a degree in early childhood, child development or a related field with at least 12 credit hours in ECE/CD **AND** have at least 2 years of experience working with children in an early childhood setting. (# of years) \_\_\_\_\_  
[Related Fields: psychology, sociology, education, social work]

I have received 25 clock-hours or more of education/training in the competency areas for which I am requesting verification.

- I meet the above criteria and I am requesting verification as an Intermediate Trainer.

### BASIC TRAINER

- I have at least 10 clock hours of experience training adults. (Indicate # of hours.) \_\_\_\_\_

Please indicate the statement which describes your education and experience with children

- I have at least 2 years experience working with children in an early childhood setting.  
(Indicate number of years) \_\_\_\_\_
- I have earned a CDA or other credential or a degree in ECE, CD, or a related field with at least 12 credit hours of ECE/CD.  
[Related Fields: psychology, sociology, education, social work]  
*Please check the appropriate credential or degree.*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> CDA Credential                        | <input type="checkbox"/> NAFCC Accreditation                | <input type="checkbox"/> Child Care Technical Diploma |
| <input type="checkbox"/> Early Childhood Technical Certificate | <input type="checkbox"/> Degree (List type of degree) _____ |   |

- I meet the above criteria and I am requesting verification as a Basic Trainer.

### PROVISIONAL TRAINER

- I am a new trainer with fewer than 10 clock hours of experience training adults.
- I have knowledge and skills in a Competency Area which are not indicated by my previous education and training. Competency Area \_\_\_\_\_  
**Please attach a statement explaining why you are qualified to provide training in this area.**
- I have at least 2 years of work experience with children in an early childhood setting. (# of years) \_\_\_\_\_
- I have earned a CDA or other credential or a degree in ECE, CD, or a related field with at least 12 hours of ECE/CD.  
[Related Fields: psychology, sociology, education, social work]  
 CDA Credential       NAFCC Accreditation       Technical Document  
 Endorsement (list area) \_\_\_\_\_  Degree (list type of degree) \_\_\_\_\_
- I meet the above criteria and I am requesting verification as a Provisional Trainer.

### SPECIALIZED TRAINER

The Specialized Trainer section should be completed by programs that are sponsoring a trainer who is from outside the early childhood field or who does not have at least 2 years of work experience in an early childhood setting. This application must be renewed annually. It may be used for one-time guest speakers.

Sponsoring Agency \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Trainer Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax Number \_\_\_\_\_

Professional Certificate/License/Credential  
\_\_\_\_\_

Area of Expertise  
\_\_\_\_\_  
\_\_\_\_\_

Number of years of work experience in area of expertise:

- < 2 year     2 years     3 years     5 years     5+ years

Please attach Resume or Vita.

**SECTION III: ADDITIONAL TRAINING OR EXPERIENCE**

Please list other relevant education, training, and/or experience which are not reflected on your resume or transcript.

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**SECTION IV. EXPERIENCE DELIVERING TRAINING TO SPECIAL POPULATIONS DURING THE LAST FIVE YEARS**

I have experience delivering training to the following special populations:

- Populations with limited educational experience
- Populations with limited literacy
- Differently-abled populations (Identify special needs.) \_\_\_\_\_
- Non-English speaking populations. (Identify specific language) \_\_\_\_\_
- Other populations \_\_\_\_\_

## SECTION V. AVAILABILITY

I can offer training/consultation in the following language(s):

- English       American Sign Language     Japanese     Korean     Russian  
 Spanish       Vietnamese                       Chinese     French     German

Other \_\_\_\_\_

I am willing to offer training or provide consultation in the following regions:

- Statewide**    All counties in Arkansas  
 **Region 1**    Pulaski County – Little Rock/North Little Rock Area  
 **Region 2**    North Central Counties  
 **Region 3**    Northeast Counties  
 **Region 4**    Southwest Counties  
 **Region 5**    Northwest Counties  
 **Region 6**    Ft. Smith Area  
 **Region 7**    Southeast Counties  
 **Region 8**    South Central Counties  
 **Region 9**    Pine Bluff Area  
 **Name specific county or counties.** \_\_\_\_\_

I will be available the following times:

- Days       Weekends       Year Round       Evenings       Summers

Other \_\_\_\_\_

**SECTION VI. RESPONSIBILITIES OF A VERIFIED TRAINER**

**All trainers who are verified to conduct training will be required to:**

1. Attend an Arkansas Early Childhood Professional Development System trainer orientation within 6 months of verification.
2. Submit information as required by the Arkansas Early Childhood Professional Development Registry following each training that you provide as detailed in trainer orientation.
3. Submit documentation showing required 15 clock hours of training each year. Five of these must address Trainer Competencies:
  - a. Demonstrate and maintain mastery of appropriate training content.
  - b. Demonstrate the ability to design training formats that are relevant and meaningful.
  - c. Demonstrate skills necessary for presenting effective training experiences.
  - d. Demonstrate the ability to manage a well-run, purposeful training event.
4. Submit a Renewal Application every three years.

**SECTION VII. STATEMENT OF UNDERSTANDING AND RELEASE**

I certify that all information provided in and/or attached to my application is true and correct to the best of my knowledge and do hereby indemnify the Arkansas Early Childhood Professional Development Registry, employees and agents against any claims whatsoever arising out of or connected with the information and/or any subsequent professional placement. I understand that the Arkansas Early Childhood Professional Development Registry is a public entity and will protect the confidentiality of personal information provided to the extent permitted under state and federal law.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission to release information listed below and in Section VIII Availability on the Registry Web site:

Name \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION VIII. CHECKLIST FOR APPLICATION

- Complete and sign Trainer Registry Application.
- Include copies of vita or resume, academic transcripts and/or credentials.
- Include two completed trainer reference forms.

Return application and required documentation to:

### **Arkansas Early Childhood Professional Development Registry**

P.O. Box 808

State University, AR 72467

(888) 429-1585 *toll free*

(870) 972-3055

(870) 972-3556 *fax*

[chldserv@mail.astate.edu](mailto:chldserv@mail.astate.edu) *e-mail*

Or apply online

[chs.astate.edu/chs](http://chs.astate.edu/chs)

The verification process takes approximately 60 days. This may be significantly delayed if your application is incomplete and you are requested to submit additional information.

*The Arkansas Early Childhood Professional Development Registry is an equal opportunity program. We consider trainer applications without regard to race, color, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.*

**SECTION IX. OPTIONAL DEMOGRAPHIC INFORMATION**  
 CHECK ALL THAT APPLY TO YOU, FOR STATISTICAL PURPOSES ONLY

This page will be separated from the application and your identity will not be released with any information provided.

**Gender:**       Male                       Female

**Ethnicity:**     American Indian/Alaskan Native     Hispanic                       Black (Non-Hispanic)  
                    Other (specify) \_\_\_\_\_  
                    Asian/Pacific Islander                       White (Non-Hispanic)

**Age:**             20 – 29       30 – 39       40 – 49       50 – 59       60 & over

**Highest Level of Education Attained:**

- High School
- GED
- CDA
- Associate Degree
- Bachelors Degree
- Masters Degree
- Doctorate

**I have Early Childhood Employment other than as a trainer/consultant**       yes                       no

**Annual income from my work as a trainer:**

- \$10,000 & under
- \$11,000 – \$19,000
- \$20,000 – \$29,000
- \$30,000 – \$39,000
- \$40,000 & above

**County of Residence** \_\_\_\_\_

**Date of Application** \_\_\_\_\_

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<b>For Office Use Only</b>	
<b>Level</b>	_____
<b>Areas</b>	_____
	_____
	_____