

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

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 Traveling Arkansas' Professional Pathways, 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 TAPP 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 _____

(Below is Optional)

I give permission to release my information on the Registry Web site under the "Available Trainers" Section:

Printed Name _____

Applicant Signature _____ Date _____