



LOUISIANA PATHWAYS TRAINER AGREEMENT

- As an approved trainer, I understand and agree to these provisions as outlined in “Louisiana Pathways Trainer Procedure Manual.”
 - I am to meet the Trainer renewal requirements, maintain a connection to the child care field, and participate in any evaluation process. Participants in my training may be surveyed to determine my effectiveness as a trainer.
 - I cannot award more than six (6) hours of approved training in any one day. My responsibility as a trainer is to train the entire length of the session for which clock hour credit is provided.
 - I must issue a completed training certificate to each participant. Clock hour credit must be adjusted to reflect actual participation in instances of late arrival or early dismissal. Certificate should include participant’s name, workshop topic, CDA or ADM subject area, number of hours, date of training, agency logo if applicable, Pathways logo, and trainer name, number and signature.
 - I will train only in subject areas for which I have verifiable training and expertise.
 - I may only use the **Louisiana Pathways** logo on certificates for training conducted. The logo may not be used on other materials such as business cards or flyers. However, I may state that I am a Louisiana Pathways approved trainer.
 - I agree to maintain records of my training including sign-in sheets or other attendance information for a minimum of 3 years. Sign-in sheets must include the following: Topic, location, trainer name, agency name (if applicable), date and time of training, participant names and email addresses. Email addresses are for surveying participants for purpose of evaluation.
 - Individuals representing **Louisiana Pathways or Louisiana Department of Education** may request submittal of the above information or future training schedules at any time.
 - Individuals representing **Louisiana Pathways or the Louisiana Department of Education** may attend my training sessions at any time.
 - I shall not have any validated instance of abuse or neglect or any criminal conviction.
 - **Louisiana Department of Education** maintains the right to disapprove any trainer or rescind a trainer’s approval at any time.
 - If I am a director and/or owner of a child care center, I may provide up to 6 of the required annual hours of training for my center. My center must be in compliance with licensing regulations and any related regulatory agency requirements. My center must not have a history of serious deficiencies or violations that resulted in the recommendation of adverse action against the facility.
 - I may act as a facilitator to provide the appropriate early care expertise in the event that training is provided by an outside source for specialized training (i.e. FEMA, fire department, speech therapist, child protection or other allied professional). As the facilitator, I may sign the certificates using my approval number and maintain records as required above. **(With the exception of approved Health Consultants)**
 - My approval as a trainer and my trainer’s certificate is contingent upon my abiding by the above requirements. My approval is valid for three (3) years. **(1Year for Child Care Health Consultants)** A violation of any of the above requirements may place this and/or future trainer approval in jeopardy.
 - For FastTrack trainers: If at any time I no longer meet the employment criteria for the FastTrack approval process or if I choose to provide training outside the confines of my employment, I should notify Pathways and complete the Independent Trainer application process if I wish to continue as an approved trainer.

I have read “Louisiana Pathways Trainer Procedure Manual” and agree to abide by the conditions set forth in this

Agreement. Signature of Applicant _____ Date _____

Permission for Release of Information

Circle the appropriate option below, complete, sign, date, and return to Louisiana Pathways

I, _____, Give Do Not Give permission to Louisiana Pathways Early Learning Center Career Development System **and/or Louisiana Department of Education** to publish my first and last name, city, parish, CLASS reliability information and email address on their website or send via email for purposes of Trainer Referrals.

____ (initials) I understand that this information will be used only for the purposes stated above.

____ (initials) I understand that by refusing to give permission for the publishing of my personal information that Louisiana Pathways will not refer my name to any potential clients. **I understand that my name and approval expiration date WILL be published on the Pathways website for reference by licensing surveyors, Resource and Referral agencies, Community Networks and others verifying approval status.**

Signature of Applicant _____ Date _____