



Please **mail** application to:
 Louisiana Pathways
 Attn: Trainer Registry
 1800 Warrington Place
 Shreveport, LA. 71101
 Or via email: simmons@nsula.edu

LDE Early Learning System FastTrack Trainer Application

DO NOT USE FOR TRAINER RENEWALS

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- 1. Is this training application and approval required for your work?**
 Yes (Proceed to question 2) No (STOP. Use the Independent Trainer Application)
- 2. Will you receive payment (outside of that from your typical employment) as a result of providing approved training?**
 Yes (STOP. Use the Independent Trainer Application) No (Proceed with FastTrack Application)

Name _____ Last 4 digits of SSN _____

Employer _____ Position Title _____

Work Address _____ City _____ State _____ Zip _____

Work Phone (____)____-____ Wk Fax (____)____-____ Mobile (____)____-____

Home Address _____ City _____ State _____ Zip _____

Home Phone (____)____-____ Preferred E-Mail _____

3. What work affiliation qualifies you for the Fast Track application? If your employment does not fall into one of the categories below, **STOP** and complete the Independent Trainer Application. **Check only one:**

- | | |
|---|--|
| <input type="checkbox"/> School Board Staff or Teacher | <input type="checkbox"/> LA Department of Education Staff |
| <input type="checkbox"/> LA DHH Staff from selected offices (see trainer manual) | <input type="checkbox"/> Early Steps Staff/Contractor |
| <input type="checkbox"/> Community Network Lead Agency Staff | <input type="checkbox"/> Trainer/TA for Resource and Referral Agency |
| <input type="checkbox"/> Head Start Staff | <input type="checkbox"/> Consultant from an Approved LDE Contract _____ |
| <input type="checkbox"/> BESE approved Early Childhood Ancillary Certificate Program | |
| <input type="checkbox"/> Representative of Tier I Curriculum company | |
| <input type="checkbox"/> Director or Assistant Director of a licensed Type III Early Learning Center at Pathways level: Director I or higher
(subject to verification & recommendation—see below) License Number _____ License Type _____ | |
| <input type="checkbox"/> Lead Teacher at a licensed Type III Early Learning Center at Pathways level: Teacher I or higher
(subject to verification & recommendation of Director) License Number _____ License Type _____ | |

4. Describe your position and your connection to child care providers. How will this training approval be used in the field?

5. Educational Background (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> GED/high school diploma | <input type="checkbox"/> Bachelor's degree in _____ |
| <input type="checkbox"/> Child Development Associate (CDA) credential | <input type="checkbox"/> Master's degree in _____ |
| Indicate CDA Type and Expiration: _____ | <input type="checkbox"/> Doctorate degree in _____ |
| <input type="checkbox"/> Associate degree in _____ | <input type="checkbox"/> Certifications (type) _____ |

6. Verification for Louisiana Fast Track Trainer Approval

Louisiana FastTrack Trainers may only provide training that is required as part of their eligible employment. If at any time a FastTrack Trainer no longer meets the employment criteria, or choose to provide training outside the confines of their qualifying employment, Pathways must be notified and the Independent Trainer application process may be completed.

Trainer Verification: *I certify that the above information is accurate and up-to-date. Must be original signature.*

Signature of Applicant _____ Date: _____

Additional information may be requested by Louisiana Pathways prior to your approval if needed to determine your status.

Required attachments from applicant: Trainer Agreement/Release Form

Optional attachments from applicant:

CLASS trainer or reliability certificates TS Gold Trainer or Inter-rater Reliability Certificates

Supervisor/Administrator Recommendation: *I verify that the above information is correct to the best of my knowledge. I recommend this applicant to provide training and/or technical assistance in early childhood care and education as a requirement of employment. Trainers who choose to provide training outside the confines of their employment must complete the Independent Trainer application. **I have reviewed the Pathways trainer qualifications found at <http://pathways.nsula.edu> and verify that the applicant meets the requirements.** I verify that the applicant has reviewed the “Louisiana Pathways Trainer Procedure Manual.” (For owner/director, form must be signed with an original signature by: R & R, Community Network Lead Agency, or Department of Education staff.)*

Name of person verifying qualifications _____ Job title _____

Phone Number _____ WK Email address _____

Signature _____ Date _____