

DO NOT USE FOR TRAINER RENEWALS



Independent Trainer Application

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Name	Last 4 digits of SSN		
Home Address	City	StateZip	
Home Phone ()Pr	referred E-Mail		
Employer	Position Title		
Work Address	City	StateZip	
Work Phone () W	Vk Fax ()Mob	ile ()	

I. Work Experience

Number of years working with programs for children under six or supervising programs for children OR number of years in your field of specialized study? _____ Please describe______

II. Educational Background – please mark all that apply

- □ GED/high school diploma
- Child Development Associate (CDA) credential: Indicate type
- Associate degree in _____
- Bachelor's degree in _____
- □ Master's degree in _____
- □ Doctorate degree in
- □ Certifications (please specify type and describe)

III. Training Expertise and Experience

- A. Number of years of experience conducting training or making presentations
- B. Indicate those subject areas in which you have verifiable expertise and education

CDA Subject Areas			
□ Planning a safe, healthy, learning environment	□ Strategies to manage an effective program operation		
□ Steps to advance children's physical and intellectual development	□ Maintaining a commitment of professionalism		
□ Positive ways to support children's social and emotional development	□ Observing and recording children's behavior		
□ Strategies to establish productive relationships with families	□ Principles of child development and learning		
Other Relevant Subject Areas			
Administration	Other		

IV. Please attach the following documentation to your application:

- A. Current resume or curriculum vita with verifiable information regarding work experience.
- B. Academic transcripts and /or credentials about relevant education and certifications (including CLASS & TS Gold)
- C. At least two Trainer Skills Surveys completed by individuals who have recently observed your training presentation and who are not related to you.
- D. Documentation of completion of "Pathways Trainer Orientation" (https://www.nsula.edu/pathways/trainerapproval/ orientation/) and "Early Learning and Development Standards" (https://www.louisianabelieves.com/data/ECE/ Module2/story.html).
- E. Trainer Agreement/Release Form.

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

I certify that the above information is accurate and up-to-date.

Signature of Applicant _____

Date _____