



Please **mail** application to:  
Louisiana Pathways  
Attn: Trainer Registry  
1800 Warrington Place  
Shreveport, LA. 71101  
Or via email: [simmonsga@nsula.edu](mailto:simmonsga@nsula.edu)

LDE Early Learning System  
CCHC FastTrack Trainer  
Application

\*\*\*\*\* CHILD CARE HEALTH CONSULTANT APPLICATION ONLY \*\*\*\*\*

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 \_\_\_\_\_

I am applying to provide: Health & Safety training required by the Health Dept

3. Work affiliation that qualifies you for the Fast Track application:

X Former LA Dept of Health CCHC

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

5. Educational Background (Please check all that apply)

GED/high school diploma	Bachelor's degree in _____
Child Development Associate (CDA) credential	Master's degree in _____
Indicate CDA Type and Expiration: _____	Doctorate degree in _____
Associate degree in _____	Certifications (type) _____
RN (Registered Nurse)	LPN (Licensed Practical Nurse)

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, Pathways must be notified.

**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