Please _mail_ application to:
Louisiana Pathways
Attn: Trainer Registry
1800 Warrington Place
Shreveport, LA 71101
OR via email: simmonsga@nsula.edu

Trainer Renewal Application

Name _____ Last 4 digits of SSN _____

Home Address _____ Trainer Number_____

Home City & Zip _____ Home Phone (_____) _____-_____

E-Mail _____ _____

Employer _____ Position Title_____

Work Address _____

Work City & Zip _____ Work Phone (_____)_____-_____

Wk Fax (_____)_____-_____ Mobile # (_____)_____-_____ CLASS number, if applicable_____

I. **Please attach the following documentation to your application:**
    A. Trainer Orientation/LDE Overview Assessment (Must score of 70% or above. Certificate will be sent via email.)
    B. Pathways Trainer Agreement Form
    C. **Current** certifications: (CLASS reliability, CLASS trainer, TS Gold Trainer, TS Gold Interrater reliability), if applicable
    D. For Independent Trainers: Documentation of 9 clock hours of training in adult learning/presentation skills

II. **Are there updates to your work experience with young children since your last Trainer application? If so, please list.**

_____

_____

_____

III. **For Independent Trainers: If you are not employed in the early care and development field, how do you maintain your connection to the field?**

_____

_____

_____

IV. **Are there any updates to your educational background since your last Trainer application? If you are an Independent Trainer, please send transcripts and/or credentials.**

☐Child Development Associate (CDA) credential renewal Setting?_____

☐Associate degree in _____ ☐Bachelor's degree in _____

☐Master's degree in _____ ☐Doctorate degree in _____

Certifications (please specify type and describe) _____

_____

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

_____   _____

_____ Date
Signature of Applicant

Verification for FastTrack Trainers Only _(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. (For owner/director, form may be signed by R & R, Community Network Lead Agency, or Department of Education staff)

Name of person verifying qualifications_____ Job title_____

Phone Number_____ Email address_____

Signature _____ Date _____