



Trainer Approval Application

Instructions: All interested trainers should complete this application in detail. Only complete applications will be reviewed. If approved, you will be contacted about how you can submit training for approval. Approved Trainers will be listed on a statewide database that can be accessed by Resource Centers across the state. Your application, contact information, willingness to provide training in Great Start to Quality regions outside of this one, and any approved training, will be listed in the database. **Please allow 3-4 weeks for processing.**

Application Date:			
Trainer Name:			
Profession/Title:			
Employer/Organization/Agency (if applicable):			
Degree/Credentials and/or Experience	Please attach your résumé, copies of transcripts or other supporting documentation.		
Address:			
City:	State:		Zip:
Primary Phone:			
Secondary Phone:			
Email:			
Fax:			
Reference Contact	Please list the name and contact information of someone who has attended a training you were responsible for delivering.		
Emergency Contact			

Counties in which you are willing to offer training (check all that apply) in this Great Start to Quality region:

- | | | |
|-----------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> <<insert counties>> | <input type="checkbox"/> <<insert counties>> | <input type="checkbox"/> <<insert counties>> |
| <input type="checkbox"/> <<insert counties>> | <input type="checkbox"/> <<insert counties>> | <input type="checkbox"/> <<insert counties>> |
| <input type="checkbox"/> <<insert counties>> | <input type="checkbox"/> <<insert counties>> | <input type="checkbox"/> <<insert counties>> |
| <input type="checkbox"/> <<insert counties>> | <input type="checkbox"/> <<insert counties>> | <input type="checkbox"/> <<insert counties>> |
| <input type="checkbox"/> Willing to travel outside of the identified counties or Region | | |

Please list your areas of expertise supported by your résumé, credentials and experience. The **Supplemental Information** document lists areas of expertise from which to select.

Please provide a brief summary of your previous training experience (*e.g. # of years, topics developed*).

Applicant Reminder

I have attached documentation to support credentials and experience (résumé, copies of transcript).

I understand that if approved, the information provided through this application will be included in a statewide database that can be accessed by Resource Centers across the state.

Applicant Signature

Date

Internal Use Only

Documentation supporting credentials and experience (résumé, copies of transcript)

Trainer Approved Date Approved: _____

Staff Signature: _____

Printed Name and Title: _____