

Request for Child Care Training Approval

Training Organization Name:	Training Organization Contact Person:
Address:	E-mail Address:
Trainer Name:	Phone Number:
Trainer Qualifications – Please submit curriculum vitae or resume.	

Training Approval Form Checklist

- Training approval form
- Curriculum vitae or resume for trainer (and author if applicable)
- Instructional plan or content outline including handouts, copies of transparencies, and video dialogue or copy of video (if using videos), and evaluation methods and forms
- Training organization agreement

Training Information

The following required information must be submitted. Incomplete applications will not be reviewed. Please do not submit originals, as your training materials will not be returned.

Title:
Description:
Format or Structure (please check one): <input type="checkbox"/> Face-to-face <input type="checkbox"/> On line <input type="checkbox"/> ICN <input type="checkbox"/> Self-study video/DVD/workbook <input type="checkbox"/> Other (please describe):
Number of Clock Hours and CEU's:
Target Audience (please check all that apply): Child care providers serving: <input type="checkbox"/> Infants and toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age children <input type="checkbox"/> Other (please describe):
Training Level (please check one): <input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

CDA Content Areas (please check applicable areas):	Number of Hours
<input type="checkbox"/> Planning a safe, healthy learning environment	_____
<input type="checkbox"/> Steps to advance children's physical and intellectual development	_____
<input type="checkbox"/> Positive ways to support children's social and emotional development	_____
<input type="checkbox"/> Strategies to establish productive relationships with families	_____
<input type="checkbox"/> Strategies to manage an effective program operation	_____
<input type="checkbox"/> Maintaining a commitment to professionalism	_____
<input type="checkbox"/> Observing and recording children's behavior	_____
<input type="checkbox"/> Principles of child growth and development	_____
<i>(Note: There should be only one content area for every two hours of training.)</i>	
Author Information (if different than trainer and only with permission):	
Author Name:	
Author Qualifications <i>(Please submit additional information (e.g., vitae or resume) when possible.):</i>	

Instructional Plan and Content Outline

An instructional plan or content outline must be submitted in addition to the training approval form and should include the following:

- Competency-based learning objectives
- Content outline
- Time and sequence
- Training methods
- Method of evaluation or assessment of learning outcomes
- Materials list
- Evaluation of training
- Reference list

For Office Use Only	
Date Received:	Date Decided:
Decision (check one): <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Expiration Date:
Signature:	
Reason for Denial:	

Please submit the training approval form and additional requested materials to:

Child Care Professional Development Program Manager
Iowa Department of Human Services
Division of Adult, Child and Family Services
Hoover Building, Fifth Floor
1305 East Walnut Street
Des Moines, Iowa 50319-0114
ccpdreview@dhs.state.ia.us

Training Organization Agreement

- I attest that the application submitted accurately reflects the training content and procedures of the training.
- I understand that any training should offer content equal to at least one hour of training credit and a training certificate for each participant which includes:
 - The title of the training
 - Dates of the training
 - The content area addressed
 - Name of the training organization
 - The name of the instructor
 - The number of content hours
 - Indication of “self study” or “group setting”
 - The name of the participant
- I understand that training offered in a group setting shall provide an opportunity for ongoing interaction and timely feedback including questions and answers within the contact hours.
- I shall ensure that the training is presented as submitted in this application.
- I understand that if substantial changes in the content, training methods, or procedures of the training are made, I must submit a new application for training approval.
- I understand that no more than eight state approved hours of training may be awarded in any one day.
- I understand that the certificate must reflect the actual number of clock hours that content was delivered.
- I understand that a training certificate will not be distributed to anyone who does not attend the entire training.
- I shall ensure that the trainers agree to adhere to the National Association for the Education of Young Children Code of Ethics.
- I understand that violation of any of the above statements may place approval of this or future training approval applications in jeopardy.
- I understand that the Iowa Department of Human Services may randomly monitor any state approved training for quality control purposes.
- I understand that approval of this training is contingent upon my agreement with the above statements.
- All approved training shall be offered to the child care providers through the Child Care Training Registry effective July 1, 2009.

I hereby agree to abide by the conditions set forth in this Training Organization Agreement.

Signature	Date
Name and Title	