

**Montana Early Care and Education Career Development
Trainer Directory Application**

Please return to:
Montana Early Childhood Project
Montana State University
P.O. Box 173540
Bozeman, MT 59717-3540
1-800-213-6310

Name _____
Work Address _____
City _____ ZIP _____
Phone _____ Fax _____
E-Mail _____ Social Security # _____
Job Title _____ Employer _____

1. Work Experience

- A. Have you provided direct care to children in an early care and education program? If so, how many years: _____
- B. Attach a **current résumé** with verifiable information about relevant education, work, and professional experiences.

2. Education and Training – please mark all that apply

___ GED/high school diploma
___ Child Development Associate credential (CDA) Expiration date: _____
___ Child Development Specialist Apprentice
___ Associate degree in _____
___ Bachelor's degree in _____
___ Master's degree in _____
___ Doctorate degree in _____
___ Certifications (please specify) _____
___ NAFCC accredited (National Association of Family Child Care) Expiration date: _____
___ Adult Learning I _____ *Date* ___ Adult Learning II _____ *Date* ___ Adult Learning III _____ *Date*

3. Training Expertise

Check the Montana Early Care and Education Knowledge Base content areas in which you are competent to facilitate training? (The equivalent Child Development Associate (CDA) content areas are noted for your information.)

Knowledge Base

- ___ Personal Dispositions
- ___ Cultural and Developmental Diversity
- ___ Health, Safety and Nutrition
- ___ Child Growth and Development
- ___ Environmental Design
- ___ Child Guidance
- ___ Family and Community Partnerships
- ___ Program Management
- ___ Curriculum
- ___ Observation and Assessment
- ___ Professionalism

CDA Content Areas

- Strategies to establish productive relationships with families
- Planning a safe, healthy environment to invite learning
- Principles of child growth and development
- Planning a safe, healthy environment to invite learning
- Positive ways to support children's social and emotional development
- Strategies to establish productive relationships with families
- Strategies to manage and effective program operation
- Steps to advance children's physical and intellectual development
- Observing and recording children's behavior
- Maintaining a commitment to professionalism

5. Types of training

Indicate those that you have done and those that you are willing to do.

Type of Training	Have Experience	Willing to Do
Professional meeting/conference		
Workshops		
In-house (in own center or program)		
On-site (in other programs)		
Educational institution		
Program consulting/technical assistance		
Keynote addresses		

6. Please state why you are interested in and qualified to be a trainer.

7. Limitations on availability

Please mark the areas to which you are willing to travel (please check all that apply).

___ Local ___ In-state ___ Out-of-state ___ National

8. Training Service Fees (optional)

___ Negotiable \$__ Full day \$__ Half day \$__ Hourly ___ Travel

9. Professional References. Please provide information from two individuals that may be contacted about your skills as a trainer.

Name _____
 Address _____
 City/State/Zip _____

 Position/title _____
 Phone _____
 Email _____

Name _____
 Address _____
 City/State/Zip _____

 Position/title _____
 Phone _____
 Email _____

10. Are you active on the Montana Early Care and Education Practitioner Registry?

Yes No Not Yet Please send me an application

If so, what is your level on the Career Path? _____

 Signature of Applicant

 Date