



Montana Early Care and Education
Career Development

Individual Request for Training Approval Form

Completion of this form will allow the training hours listed below to be reviewed for approval and counted towards annual training required for state child care licensing (8 hours), Merit Pay, and annual training for the Practitioner Registry. **Use this form for national conference training and other special events** you attend where the training sponsor did not apply for approval through the Early Childhood Project's Training Approval System. (If it has been approved you will be asked to register your attendance on an official sign-in sheet using your state PS number or social security number.) If your Individual Request is approved, the ECP will sign the form and mail the original back to you after entering the training into your training record. Keep this form for your records in your Professional Development/Training file. **DO NOT USE this form to document college credit**, which requires a copy of a college transcript or grade report. **You must attach a copy of written information about this training event (agenda or flyer)** to help us verify hours and assign the Knowledge Base content area. You must also document your participation by having **the instructor sign below** or attach a signed certificate of attendance.

Applicant Name _____ Date _____

Are you active on the Montana Practitioner Registry? ___yes ___no

Applicant PS# (if licensed/registered) _____

Mailing Address _____
(include organization name if this is a work address)

City/State/Zip _____ Phone (home) _____ (work) _____

Name of Sponsoring Agency _____ Phone of Agency _____

Name of Instructor/Trainer _____

Job Title of Instructor _____

Title of Training _____

Start Date of Training _____ End Date of Training _____

Location of Training _____

Total Hours of Instruction Time - **at least 2 hours are required** _____
(for conference attendees, combine hours from all sessions attended on one form and attach workshop info)

Knowledge Base (to be completed by ECP) Personal Dispositions Health, Safety, Nutrition Child Growth & Development
Cultural & Developmental Diversity Environmental Design Child Guidance Professionalism Curriculum
Family & Community Partnerships Program Management Observation & Assessment

Signature of Instructor/Trainer

Date

Signature of Applicant

Date

ECP Signature of Approval

Date

Return to: Early Childhood Project - Montana State University P.O. Box 173540 - Bozeman, MT 59717-3540
Fax: (406) 994-7555 Phone: (800) 213-6310 or (406) 994-4746

For office use only: Active on Registry? Y N Entered in record? Y N Date: _____ Initials: _____