

Training Approval



Montana Early Care and Education
Career Development

Application

Updated June 2005



Montana DPHHS/
Child Care & Development Fund

**Thank you for participating in
Montana's Early Care and Education Career Development system!**

*All practitioners must complete approved training to renew their child care license or registration with the state, to receive Merit Pay Awards, and/or to remain active on the Montana Practitioner Registry.
We appreciate your efforts to provide quality learning experiences for early childhood practitioners.*

- ✎ Submit your Training Approval Application at least **30 days prior to the event** so you will receive the sign-in sheet on time so all participants receive training hours for attending.
- ✎ Please **complete and submit a separate Training Approval Application for each training event** (events must be a minimum of 2 hours) that early care and education practitioners will be attending. Be sure that each blank is completed in order for us to process your application as quickly and efficiently as possible.
- ✎ You must use the **sign-in sheet** we provide for you and the **customized approved training certificates**. It is vital that training participants sign in on these sign-in sheets! If you are a CCR&R agency sponsor, you will be entering this participant information into the online database. **If you are not a CCR&R agency, you will be mailing or faxing the sign-in sheet to the ECP within five days after the training event occurs so we can enter participants into the training database.**
- ✎ Please check **ONE content area of the Montana Early Care and Education Knowledge Base** on which the training will **primarily** focus. If you are conducting a long-term training covering many aspects of early childhood, consider breaking the training up into smaller sessions of 2 hours or more which can be more accurately linked to one Knowledge Base content area.
- ✎ **Self-study or independent study courses** may be approved if there is some type of consultation, visit, or group session component available with the instructor or trainer on a regular basis to help facilitate learning. Indicate how this will be accomplished in the training description. **Mentoring or on-site visits** to programs may be approved if they are planned to be at least two hours in duration. (For example, if the trainer/mentor conducts a one hour site visit and a one hour group training event focusing on the same Knowledge Base content area).
- ✎ If you are sponsoring training that will be offered throughout the state, such as an on-line course, please specify by writing **statewide** in the box for location of training, as well as in the training description.
- ✎ If your training is **ongoing** and available throughout the year or upon request, the **start date** will be the beginning of the training calendar year and the end date will be the **end date** of the training year. In addition, **please indicate an ongoing event by checking the ongoing box.**
- ✎ If the training is **not open to the public** (such as program staff in-service training), please indicate in the box provided. This tells us not to post the event on the Statewide Training Calendar.
- ✎ If you are seeking **approval for conference sessions**, each workshop must be at least two hours in duration. We have a streamlined application process for conference planners. Contact the ECP for details. Applications must be received at least 30 days prior to the conference to insure processing is completed by the conference date.
- ✎ Along with documenting approved training hours, many practitioners are looking for **Continuing Education Units (CEUs)** to renew their CDA credential and many elementary teachers need **Renewal Units (RUs)** to keep their Montana teaching certificate current. Consider applying for these valuable continuing education hours through a college or university (CEUs) or the Office of Public Instruction (RUs). *We recommend applying for CEUs only for training events of five hours or more.* (One CEU = 10 hours of instruction; one Renewal Unit = 1 hour of instruction.)

If you have questions, please contact the Early Childhood Project at 1-800-213-6310 or 406-994-4746.

**Montana Early Care and Education Career Development
Training Approval Application**

*Please submit a separate application for each training event.
If you are repeating a previously approved training, please submit an
Application for Previously Approved Training.*

Please return to:
Montana Early Childhood Project
Montana State University
P.O. Box 173540
Bozeman, MT 59717-3540
1-800-213-6310
fax: 406-994-7555
email: ecp@montana.edu
web: www.montana.edu/ecp

Date of application _____

Name of sponsoring agency _____

Address of sponsoring agency _____
Street City Zip

Name of sponsoring agency contact _____

Phone _____ Fax _____ Email _____

Mail materials to (if different from sponsor): _____
Name Street City Zip

Name of instructor/trainer _____

Job title of instructor _____

Is the trainer listed on the Montana Trainer Directory? Yes No Not sure

Title of training _____

Is this an ongoing event? (where enrollment is available over a period of months) ___yes ___no

Dates and Location of Training (For additional dates, you may include a separate paper with start and end dates of the training along with their locations):

Start Date End Date City County

Start Date End Date City County

Start Date End Date City County

Total hours of instruction time _____
(at least 2 hours)

Briefly describe the training. List learning objectives or outcomes of training.

Participants will be able to: _____

Is the training open to the public? (If No, this event will not appear on the Statewide Training Calendar.)
 Yes No

Training Funded By: (check **ONE**)
___CACFP ___Mentoring Grant ___Other
___CCR&R State Contract ___Certified Infant/Toddler
___CCR&R Network Contract ___Specialized Training Grant

Please check only **ONE** *Montana Early Care and Education Knowledge Base* area on which this training will primarily focus. The equivalent CDA content areas are noted for your information.

Knowledge Base (check **ONE**)

- Personal Attributes
- 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

Target Audience (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Center-based staff | <input type="checkbox"/> Home visitors |
| <input type="checkbox"/> Center-based administration | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Family or group child care home provider | <input type="checkbox"/> Legally unregistered providers |
| <input type="checkbox"/> Preschool staff (part-day program) | <input type="checkbox"/> High school students |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Other child and family program staff |
| <input type="checkbox"/> Public and/or private school (Pre-K-3) | <input type="checkbox"/> School-age program staff |
| <input type="checkbox"/> In-service training (for program staff only) | |

Level of Training – For what level of practitioner was this training developed? (Please check **ONE**)

- Beginning (Practitioners not yet aware, developing, and/or beginning to apply knowledge and skills)
- Intermediate (Practitioners who are frequently and/or consistently applying knowledge and skills)
- Advanced (Practitioners with thorough knowledge, ability to modify, evaluate, synthesize; and/or who are fostering growth, exercising leadership, and advocating)

Training Type (check **ONE**)

- | | |
|--|---|
| <input type="checkbox"/> On-Site (Trainer works in learner's facility) | <input type="checkbox"/> Distance Learning (Correspondence or On-Line Course) |
| <input type="checkbox"/> Classroom (Trainer works with group of learners in classroom or workshop setting) | |

Training Methods (check all that apply for this session)

- | | |
|---|---|
| <input type="checkbox"/> Self or program assessment | <input type="checkbox"/> Technical assistance |
| <input type="checkbox"/> Demonstration and practice | <input type="checkbox"/> Independent study with supervision |
| <input type="checkbox"/> Small group discussion | <input type="checkbox"/> Audio/video with facilitation |
| <input type="checkbox"/> Hands-on activities | <input type="checkbox"/> Visual aids |
| <input type="checkbox"/> Observation of children | <input type="checkbox"/> Materials display |
| <input type="checkbox"/> Role play, simulations | <input type="checkbox"/> Handouts, printed material |
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Case studies |
| <input type="checkbox"/> Panel discussions | |

Signature of applicant

Date