



Metropolitan State University, 1450 Energy Park Drive, Suite 147, St. Paul, MN 55108
Phone: 651-999-5835 email: mncpd.registry@metrostate.edu website: www.mncpd.org

Welcome to the Minnesota Registry!

Training is an integral part of the Minnesota Professional Development System. The statewide trainer approval system supports early childhood and school-age care practitioners by providing quality training. Quality training relies on trainers who have background content knowledge; the ability to apply knowledge to practice; and the ability to effectively communicate knowledge and skill in a way that supports behavior change in adult learners. Only approved trainers and approved training can be used by practitioners to climb the Career Lattice.

In the trainer approval process, trainers are assigned to a Trainer Type. The designations are Provisional Trainer I, Provisional Trainer II, Trainer I, Trainer II, Master Trainer, Cultural Community Expert/Designated Community Elder, Content Expert, Specialty Trainer, and Guest Trainer. Please read the criteria for each Trainer Type. The criteria can be found in the Trainer Approval Process Guide posted on the Minnesota Center for Professional Development website at http://mncpd.org/trainer_approval.html.

Documentation

In the Trainer Registry Application, there are documentation checklists for each Trainer Type. Please read the checklist carefully. You will need to submit the documentation under the checklist that is related to the Trainer Type that you are applying for. In order for your application to be complete, all education, credentials, and training information related to your Trainer Type must be verified by the Registry staff.

Documentation supporting your application may include:

- Your employment history in the field of early childhood education or school-age care that documents your **Experience Requirement**.
- Certificates from Early Childhood Education/School-age Care training that support your **Experience or Educational Requirement**.
- Credentials related to Early Childhood Education/School-age Care that you have earned that support your **Experience or Educational Requirement**.
- **OFFICIAL TRANSCRIPTS** from colleges and universities that document your credits in early childhood education that support your **Educational Requirement**. If you have no credits from higher education, please send a copy of your high school transcript, diploma, or GED.
- Professional association membership card or other documentation (if applicable).

Please mail COPIES of original training certificates, credentials, and professional association membership cards. Do not send originals, these documents will not be returned. **OFFICIAL TRANSCRIPTS** from colleges and universities should be mailed directly to the Registry by the granting institution. Information you share on this application will be entered into the database of the Minnesota Registry. The documentation will be kept on file and used to determine the step you have achieved on the Career Lattice and to verify your Trainer Type. A gold seal will be printed on your step certificate if you are a member of a professional association. If you work in direct care, please also send copies of your CPR and First Aid cards to receive your Career Lattice certificate. Combined data from the registry will be used to inform decision makers about the early childhood and school-age care workforce in Minnesota. Your name or identity will not be linked in any way to the workforce reports.

THANK YOU FOR APPLYING TO BE A TRAINER!

If you have any questions related to this application, call the Registry Coordinator at 651-999-5835 or email mncpd.registry@metrostate.edu or visit our website at www.mncpd.org.

Submit Your Complete Application To: MN Center for Professional Development
Metropolitan State University
1450 Energy Park Drive, Suite 147
St. Paul, MN 55108



supporting early childhood and school-age practitioners

Minnesota Professional Development Registry

Notice of Privacy Practices

Effective Date: July 1, 2008

Attention: If you want free help translating this information call the number below:
(651) 999-5835

This notice describes how private information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Why do we ask for this information?

- To tell you apart from other people with the same or similar name
- To verify the information that you submit, decide the career lattice level you are eligible for and/or give you credit for training or experience
- To make reports, do research, do audits, evaluate our programs and for other administrative purposes

Do you have to answer the questions we ask?

You do not have to give us your personal information. We need this information to properly track your training and experience. Without the information, we may not be able to give you credit for your training and experience.

With whom may we share information?

Sometimes we share information about you with other agencies. We will only share information as needed and as allowed or required by law. For example, we may share your information with the following types of agencies or persons who need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, collaborative and nonprofit agencies
- Personnel of the welfare system who require the data for child care licensing purposes
- Personnel of the welfare system who require the data to administer or evaluate the child care assistance program
- The commissioner of education for purposes of implementing, administering, and evaluating the child care practitioner professional development system

- The commissioner of health for purposes of implementing and administering this section
- An individual's employer for purposes of tracking and verifying employee training, education, and expertise
- Anyone authorized by law to receive the information.

What are your rights regarding the information we have about you?

- You may see and copy private information we may have about you. You may have to pay for the copies.
- You may give other people permission to see and have copies of information about you.
- You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency.
- You have the right to ask us to share your information with you in a certain way or in a certain place. For example, you may ask us to send particular information to your work address instead of your home address. You must ask us to do this in writing. If we find that your request is reasonable, we will grant it.
- You have the right to ask us to limit or restrict the way that we use or disclose your information, depending on how reasonable the request is and how feasible it is to implement the request we may/may not be able to agree to the request.
- You have the right to get a record of some of the people or organizations that we have shared your information with. This record was started on July 1, 2008. You must ask for a copy of this record in writing to our Privacy Official.
- If you do not understand the information, ask the Professional Development Registry staff to explain it to you. You can ask the Professional Development Registry for another copy of this notice.

What are our responsibilities?

- We must protect the privacy of your private information according to the terms of this notice.
- We may not use your information for reasons other than the reasons listed on this form unless we get special written permission from you.
- We may not share your information with individuals and agencies other than those listed on this form unless we get special written permission from you.
- We are required to follow the terms of this notice, but we may change our privacy policy in the future. We might do this, for example, because privacy laws change and require us to change our practices. When we change our privacy rules we will put them on our web site at: www.mncpd.org

By signing below, I acknowledge that I have reviewed and understand the Minnesota Professional Development Registry Notice of Privacy Practice:

Name

Signature

Date

***Please return the Minnesota Professional Development Registry Notice of Privacy Practices with your completed Registry application.**

What if you believe your privacy rights have been violated?

You may complain if you believe your privacy rights have been violated. You cannot be denied service or treated badly because you have made a complaint. If you believe that the Professional Development Registry has violated your privacy rights, you may send a written complaint either to the Registry; the Department of Human Services, or to the federal civil rights office. The address for the federal civil rights address is:

U.S. Department of Health and
Human Services
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
(312)866-2359 (Voice) or
Toll free (800)368-1019 or
(866)282-0659
(312)353-5693 (TTY/TDD)
(312)866-1807 (Fax)

The address for the Minnesota Department of Human Services is:

Minnesota Department of Human Services
Attn: Privacy official
PO Box 64998
St. Paul, MN 55164-0998



supporting early childhood and school-age practitioners
 Metropolitan State University, 1450 Energy Park Drive, Suite 147, St. Paul, MN 55108
 Phone 651-999-5835 email: mncpd.registry@metrostate.edu website: www.mncpd.org

TRAINER REGISTRY APPLICATION

<p>A complete application is required to participate in the Minnesota Center for Professional Development's Registry.</p> <ul style="list-style-type: none"> Please Use a Blue or Black Pen Print Clearly Complete All Sections 	<p>For Office Use Only</p> <p>Registry ID # _____</p> <p>Applicant Type: _____ Practitioner _____ Trainer</p>
--	---

Section A: Applicant Information

Name: _____

First
Middle
Last

Previous Last Name: _____ Second Last Name: _____

Email Address: _____ (this will be your Registry Login ID)

Mailing Address: _____ Apt/Suite: _____

Zip Code: _____ City: _____ State: _____ County: _____

Is this a business Address: YES NO Home phone: _____ Cell: _____

Fax: _____ Birth date: _____ (for identification purposes)

What is your Primary Spoken Language? _____ Secondary Language _____

What language(s) do you prefer for training? _____

Include my name in the public trainer list on the website

No Yes By checking the YES box you are agreeing to have your name and trainer information published on a public trainer search function on the Registry website. This function will be a valuable tool for programs or individuals looking for trainers to meet their training needs. If do not want your name to appear on the trainer search please check the NO box.

Section B: Trainer Type

I am applying for (check only one)

Provisional Trainer I
 Provisional Trainer II
 Trainer I
 Trainer II
 Master Trainer

Cultural Community Expert/Designated Community Elder
 Content Expert
 Specialty Trainer

TRAINER TYPE DOCUMENTATION GUIDELINES

You **ONLY** need to send in documentation for the Trainer Type you are applying for. The Trainer Type checklists on the following pages can be used to determine the required documentation you need to submit. See the Trainer Approval Process Guide for more details and definitions at http://mncpd.org/trainer_approval.html.

Provisional Trainer I Checklist

1. Copy of HS Diploma or GED.
2. Resume documents at least five years direct service experience (see definition of direct service experience located at the end of this application).
3. Documentation supporting having provided 10 clock hours of training related to the Minnesota Core Competencies.
4. Training certificates or transcripts documenting completion of training related to designing and delivering training to adult learners within one year.
5. Three letters of reference. One reference must come from current employer, supervisor or someone who can attest to your professional work.
6. Professional Development Plan (located at <http://www.mncpd.org>).

Provisional Trainer II Checklist

1. Official copy of EITHER a current National CDA Credential, OR Competency Based Training and Assessment (CBTA), OR Diploma from Association Montessori Internationale, OR Preprimary Credential, or Primary Diploma, or Provisional Certificate from the American Montessori Society, OR Armed Forces Certificate, OR Technical or Community College Child Development Certificate, OR Technical or Community College Child Development Diploma, OR at least 16 approved semester credits.
2. Resume documents at least three years direct service experience (see definition of direct service experience located at the end of this application).
3. Documentation supporting having provided 10 clock hours of training related to the Minnesota Core Competencies.
4. Training certificates or transcripts documenting completion of training related to designing and delivering training to adult learners within one year.
5. Three letters of reference. One reference must come from current employer, supervisor or someone who can attest to your professional work.
6. Professional Development Plan (located at <http://www.mncpd.org>).

Trainer I Checklist

1. Official transcript verifying your Associates Degree in Early Childhood Education or Child Development or related field, or 60 college credits with 30 college credits earned in courses related to appropriate Childhood Development focus.
2. Resume documents at least three years direct service experience (see definition of direct service experience located at the end of this application).
3. Resume documents providing or participating in adult learning/professional development activities for adults related to the specialty area for at least three years (e.g., supervisory roles, trainer, co-trainer, or part of a team approach to training, apprentice trainer, technical assistance provider, mentor, coach, CDA advisor, career advisor, or consultant) or for at least 30 hours of training.
4. Training certificates or transcripts documenting completion of training related to designing and delivering training to adult learners within one year.
5. Three letters of reference. One reference must come from current employer, supervisor or someone who can attest to your professional work.

Trainer II Checklist

1. Official transcript verifying your Bachelors Degree in Early Childhood Education or Child Development or related field, or Bachelors Degree in any discipline with a minimum of 24 college credits earned in courses related to appropriate Child Development focus.
2. Resume documents at least three years direct service experience (see definition of direct service experience located at the end of this application).
3. Resume documents providing or participating in adult learning/professional development activities for adults related to the specialty area for at least three years (e.g., supervisory roles, trainer, co-trainer, or part of a team approach to training, apprentice trainer, technical assistance provider, mentor, coach, CDA advisor, career advisor, or consultant) or for at least 30 hours of training.
4. Training certificates or transcripts documenting completion of training related to designing and delivering training to adult learners within one year.
5. Three letters of reference. One reference must come from current employer, supervisor or someone who can attest to your professional work.

Master Trainer Checklist

1. Official transcript verifying your graduate degree in Early Childhood Education, Child Development or a related field.

2. Resume documents at least one year direct service experience (see definition of direct service experience located at the end of this application).
3. Resume documents providing or participating in adult learning/professional development activities for adults related to the specialty area for at least three years (e.g., supervisory roles, trainer, co-trainer, or part of a team approach to training, apprentice trainer, technical assistance provider, mentor, coach, CDA advisor, career advisor, or consultant) or for at least 30 hours of training.
4. Training certificates or transcripts documenting completion of training related to designing and delivering training to adult learners within one year.
5. Three letters of reference. One reference must come from current employer, supervisor or someone who can attest to your professional work.

Cultural Community Expert/ Designated Community Elder Checklist

1. The Trainer or Sponsor can complete the Cultural Community Expert/Designated Community Elder Trainer Form located on the Minnesota Center for Professional Development's website at www.mncpd.org. This form is specific to the Cultural Community Expert/Designated Community Elder and allows the trainer or sponsor to submit an application for trainer approval and culturally specific training approval on the same form.
OR
2. Complete this trainer application and submit a resume documenting your experience related to community practice, and three letters of reference.

Content Expert Checklist

1. Official transcript verifying a BA from a regionally accredited college or university with either a major/minor consistent with the specialty area **OR** a relevant professional license **OR** credential (health, law, psychology, business, library, etc.).
2. Resume documents providing or participating in adult learning/professional development activities for adults for at least one year (e.g., supervisory roles, trainer, co-trainer, or part of a team approach to training, apprentice trainer, technical assistance provider, mentor, coach, CDA advisor, career advisor, or consultant) or for at least 30 hours of training.
3. Training certificates or transcripts documenting completion of training related to designing and delivering training to adult learners within one year.
4. Three letters of reference. One reference must come from current employer, supervisor or someone who can attest to your professional work.

Specialty Trainer Checklist

1. Documentation verifying completion of approved training of trainer course(s) related to specific topic(s).
2. Resume documenting at least three years direct service experience related to specialty area.
3. Training certificates or transcripts documenting completion of training related to designing and delivering training to adult learners within one year.
4. Three letters of reference. One reference must come from current employer, supervisor or someone who can verify your competence in training and has observed your teaching.

Guest/Visiting Trainer Checklist

1. Resume/Curriculum Vitae documenting at least three years experience related to topic area.
2. Training Sponsor is a Minnesota Registry Approved Sponsor.
3. The specific training has been submitted to and approved by the Minnesota Registry.

Higher Education Faculty Checklist

Higher Education Faculty who want to provide approved non-credit training for practitioners who are climbing the Career Lattice, must complete the MNCPD Registry Trainer Application.

1. Official transcript verifying your graduate degree in Early Childhood Education, Child Development or a related field.
2. Copy of current Curriculum Vitae or résumé detailing background and experience as a faculty member with an accredited institution of higher education. Please include:
 - Educational degrees from accredited institutions. Include your year(s) and degree(s) awarded.
 - Major(s) or field(s) of study.
 - Other professional credentials/related educational experiences.
 - Experience as an adult educator/trainer.
 - Employment history.

EXEMPT TRAINERS

- The Trainer Approval process does not apply to college credit-bearing courses. College instructors need to complete the Trainer Approval process only if they will be offering approved training other than credit-bearing courses at a regionally accredited institution of higher learning.
- Nationally accredited University and Community College early childhood/child development (or closely related) faculty with Master’s and Doctorate degrees are immediately approved as exempt trainers of non-credit training by REGISTERING. Exempt trainers must still complete the Orientation to the MNCPD Registry, training applications for training approval and submit attendance and evaluation sheets when appropriate.
- Nationally accredited University and Community College early childhood/child development (or closely related) faculty with Master’s and Doctorate degrees who conduct occasional workshops and conferences are immediately approved as exempt trainers with a current copy of their curriculum vitae or résumé.

Section C: Education You only need to send in official transcripts for the highest degree or certification you hold related to Early Childhood Education, Child Development, or School-age Care. However, if your highest degree does not list courses related to child development, early childhood education, elementary education, or school-age care, then you do need to send in the official transcript(s) that do list these courses in addition to the highest degree you were awarded.

High School Diploma/GED date: _____

Please submit diploma/GED documentation **ONLY** if you have **NOT** attended any higher education college or university.

Name of College/University	Status	Degree Earned (e.g., A.A., A.A.S., A.S., B.A., B.S., B.A.S., M.S.)	Date Awarded	Focus of Degree (e.g., Major)
	<input type="checkbox"/> Currently enrolled <input type="checkbox"/> Completed <input type="checkbox"/> Credits completed ____			
	<input type="checkbox"/> Currently enrolled <input type="checkbox"/> Completed <input type="checkbox"/> Credits completed ____			
	<input type="checkbox"/> Currently enrolled <input type="checkbox"/> Completed <input type="checkbox"/> Credits completed ____			

Other Education: Specialized Training, Credentials, and Certifications - Attach copies of certificates and certifications

- | | |
|---|---|
| <input type="checkbox"/> Child Development Assistant Certificate | <input type="checkbox"/> MNSACA Certified Trainer |
| <input type="checkbox"/> Child Development/Early Childhood Education Certificate | <input type="checkbox"/> ASDT-CPLP Trainer Credential |
| <input type="checkbox"/> Child Development Diploma | <input type="checkbox"/> National Accreditation for Family Child Care
Date Awarded _____ Expires _____ |
| <input type="checkbox"/> MNAEYC Director Credential | <input type="checkbox"/> CPR Certification Date Expires _____ |
| <input type="checkbox"/> American Montessori Society Credential/Diploma/Certificate | <input type="checkbox"/> First Aid Certification Date Expires _____ |
| <input type="checkbox"/> Association Montessori International Diploma | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> ECSATA Trainer Credential | |
| <input type="checkbox"/> CDA Advisor | |

Child Development Associate (CDA) Credential from the Council for Professional Recognition (ATTACH COPY OF CURRENT CDA) <input type="checkbox"/> Center-based Infant/Toddler <input type="checkbox"/> Center-based Preschool <input type="checkbox"/> Family Child Care	Date Awarded	Date Expires	Bilingual Endorsement
			<input type="checkbox"/> Yes

Section D: Licensures -Please list any licensures you hold and the expiration date of that license. ATTACH COPIES

Licensures	Expiration Date	Licensures	Expiration Date

Section E: Current Professional Membership

Please list your professional memberships. Recognized professional organizations must be affiliates of regional, state, or national organizations (e.g., MnAEYC, MNSACA, MLFCCA). ATTACH A COPY OF YOUR MEMBERSHIP CARD or PROOF OF YOUR MEMEBERSHIP.

Membership in Organizations	From/Year	Thru/Year

Section F: Current Employment Information include Volunteer, Student Teaching, Internships, & Practicum

Please add an employment record for every early childhood and/or school-age care and education position you hold or have held in the past.

- Start with your current position!
- If you held more than one position for the same employer, enter a separate entry for each position.
- Be sure to enter an end date for any position you no longer hold.

Employer	Facility License #	Title/Position	Age Group
Address	City	State	Family Child Care Net Annual Income After Taxes (optional) <input type="checkbox"/> \$0 or less <input type="checkbox"/> \$0-10,000 <input type="checkbox"/> \$10,001-20,000 <input type="checkbox"/> \$20,001-30,000 <input type="checkbox"/> \$30,001-40,000 <input type="checkbox"/> \$40,001-50,000 <input type="checkbox"/> Over \$50,000
County	Zip	Phone Number	
Start Date	End Date	Hours per week	
Center-based Hourly Wage (optional)	Date of Last Wage Increase	Reason for Leaving	

Section G: Previous Employment Information (Please make additional copies if needed.)

Employer	Facility License #	Title/Position	Age Group
Address	City	State	Family Child Care Net Annual Income After Taxes (optional) <input type="checkbox"/> \$0 or less <input type="checkbox"/> \$0-10,000 <input type="checkbox"/> \$10,001-20,000 <input type="checkbox"/> \$20,001-30,000 <input type="checkbox"/> \$30,001-40,000 <input type="checkbox"/> \$40,001-50,000 <input type="checkbox"/> Over \$50,000
County	Zip	Phone Number	
Start Date	End Date	Hours per week	
Center-based Hourly Wage (optional)	Date of Last Wage Increase:	Reason for Leaving	

Section H: Trainer Information

Miles Willing to Travel _____	Age Group Expertise
Time of Day <input type="checkbox"/> Daytime <input type="checkbox"/> Evening <input type="checkbox"/> Both	<input type="checkbox"/> School-age
Schedule Availability <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Both	<input type="checkbox"/> Middle School
	<input type="checkbox"/> Secondary (High School)
	<input type="checkbox"/> Adults
	<input type="checkbox"/> Infant
	<input type="checkbox"/> Toddler
	<input type="checkbox"/> Preschool

Trainer Competencies - Select core competencies for which you have training experience.

<p>MN Core Competencies:</p> <input type="checkbox"/> I. Child Growth and Development <input type="checkbox"/> II. Learning Environment and Curriculum <input type="checkbox"/> II. a. Creating the Learning Environment <input type="checkbox"/> II. b. Promoting Physical Development <input type="checkbox"/> II. c. Promoting Language Development and Literacy <input type="checkbox"/> II. d. Promoting Cognitive Development <input type="checkbox"/> II. e. Promoting Personal and Social Development <input type="checkbox"/> II. f. Promoting Creativity and the Arts <input type="checkbox"/> III. Assessment and Planning for Individual Needs <input type="checkbox"/> IV. Interaction with Children	<p>Other Competencies:</p> <input type="checkbox"/> Adult Education <input type="checkbox"/> CDA Advisor <input type="checkbox"/> CDA-Safe Healthy Learning Environment <input type="checkbox"/> CDA-Physical and Intellectual Development <input type="checkbox"/> CDA-Social and Emotional Development <input type="checkbox"/> CDA-Productive Family Relationships <input type="checkbox"/> CDA-Effective Program Operation <input type="checkbox"/> CDA-Maintaining Professionalism <input type="checkbox"/> CDA-Observing and Recording Behavior <input type="checkbox"/> CDA-Principles of Child Development and Learning
---	---

- V. Families and Communities
- VI. Health, Safety and Nutrition
- VII. Program Planning and Evaluation
- VIII. Professional Development and Leadership

- Coach-Coaching Relationship
- Coach-Effective Coaching Practices
- Coach-Professional Responsibilities in Coaching
- Coach-Managing Challenges
- Mentor-Mentoring Relationship
- Mentor-Effective Mentoring Practices
- Mentor-Professional Responsibilities in Mentoring
- Mentor-Managing Challenges
- Consultant-Building Relationships
- Consultant-Effective Consultation Practices
- Consultant-Professional Responsibilities in Consultation
- Consultant-Managing Challenges
- Technical Advisor-Technical Assistance Relationships
- Technical Advisor-Effective Technical Assistance Practices
- Technical Advisor-Managing Challenges
- Technical Advisor-Professional Responsibilities in Technical Assistance

Endorsements (Did you participate in a Training for Trainers?):

- Building Cultural Connections
- CPR/First Aid
- Environmental Rating Scales
- Not by Chance
- OUNCE
- Program for Infant Toddler Care (PITC)
- Project EXCEPTIONAL
- SEEDS of emergent literacy
- BEST
- Essential Elements
- Other _____

Section I: Training Events

- Please attach copies of your training certificates related to early childhood/school-age care and education for at least the past two years, but no more than five years.
- Original documents will not be returned.
- Training Certificates should include the Training Title, Trainer Name, Dates of Training, Number of Hours, or CEUs.

Section J: Personal Information (This information is collected to learn more about the early childhood and school-age care workforce. It will not be used to determine the Career Lattice Step.)

Gender: Female Male Unspecified

Ethnicity:

- | | | |
|--|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian-Other _____ | <input type="checkbox"/> Latino-Other _____ |
| <input type="checkbox"/> African-Ethiopian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> African-Eritrean | <input type="checkbox"/> Central or South American | <input type="checkbox"/> Non-specified |
| <input type="checkbox"/> Africa-Somali | <input type="checkbox"/> Chicano | <input type="checkbox"/> White/European American |
| <input type="checkbox"/> African-Sudanese | <input type="checkbox"/> European Immigrant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> African-Other _____ | <input type="checkbox"/> Hmong | |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Lao | |

Are you an enrolled member of a federally recognized tribe, or a first or second generation descendant of an enrolled member? Yes No No Selection

Are you licensed by a tribal government, funded by a tribal government, or are your services predominantly for Native American families? Yes No No Selection

How many years do you anticipate remaining in this field? _____

When thinking about your future career plans, what is your next goal? _____

Signature Required by All Applicants

I, the undersigned, hereby agree that the information provided on this Registry Application is complete, accurate, and will be entered into the Minnesota Center for Professional Development's Registry.

Applicant Signature _____ Date _____

Before you submit your application, please check that:

1. You have included all required documentation related to the **Trainer Type** you are applying for (e.g., training certificates, credentials, diplomas, professional association membership cards, First Aid and CPR cards). Please submit copies, documents will NOT be returned. **(See the Trainer Approval Process Guide at http://mncpd.org/trainer_approval.html)**
2. You have requested **OFFICIAL TRANSCRIPTS** to be sent directly to the MN Center for Professional Development.
3. You have included a signed copy of the Notice of Privacy Practices.
4. You have included a signed copy of the Trainer Agreement Form located on the next page.

MAIL completed application and copies of documentation to:

Attention: Registry Specialist
Minnesota Center for Professional Development
Metropolitan State University
1450 Energy Park Drive, Suite 147
St. Paul, MN 55108

Next steps:

- The Registry staff will review your documents and process your application.
- Please allow nine weeks to process your application.
- Following approval of your application the Registry staff will mail your Certificate of Achievement to you.
- If you need additional help, contact the Registry Coordinator at 651-999-5835 or mncpd.registry@metrostate.edu.

Definition

Direct Service Experience: Provisional Trainers, Trainer I, Trainer II, and Master Trainer must have experience providing direct service as reported on the resume. Direct service experience is defined as experience working:

- Directly with children as an aide, assistant teacher, teacher, family child care provider, early childhood family educator, special education teacher, or paraprofessional, or other experience working directly with children in programs serving young children birth through age 5.
- Director or Assistant Director of a center-based or family child care home (Involves working on-site directly with children and adults in a child care setting on a day-to-day basis).
- Inclusion Coordinator or Education Coordinator working in a center-based or family child care home (Involves working on-site directly with children and adults in a child care setting on a day-to-day basis).
- Directly with children in school-age care programs as an assistant group leader, group leader, senior group leader, and site director is appropriate for individuals providing training specific to school-age care.
- Other direct experience working with children to be reviewed by trainer coordinator.
- Indirect experience may be used in combination with direct experience as long as at least 1 year of direct experience is documented on the resume. Indirect experience may include providing technical assistance to staff that work directly with children and families at an early childhood or school-age site; or teaching Child Development related courses at a High School, College, or University.

See the Trainer Approval Process Guide for more definitions related to trainer approval at mncpd.org.

TRAINER AGREEMENT

Please check each statement to indicate agreement.

- As an approved trainer in the MNCPD Registry, I agree to conduct myself in a manner, which will promote professional development for the field of early childhood and school age care and support the work of the MNCPD Registry as part of the training I offer.
- The **NAEYC Code of Ethical Conduct: Supplement for Early Childhood Adult Educators**. (<http://www.naeyc.org/>) sets minimal standards for professional conduct in the field. As an MNCPD approved trainer, I understand that I will be expected to adhere to these standards.
- I understand that only approved trainings offered by approved trainers or approved training sponsors will count toward hours on the Minnesota Career Lattice. Each new training must be approved before it can be scheduled on the MNCPD Registry.
- I understand that each time I submit training for approval, it must be submitted on an MNCPD Training Approval Request Form.
- I understand that each training approved by MNCPD is approved for a maximum of three years. I also understand that I must resubmit the training for review if I make changes in the process or the content of the original training.
- I understand that each training must provide at least two (2)* hours of training and no more than eight (8) clock hours may be awarded in any one (1) day. *(except for specific courses/trainings related to licensure requirements or workshops offered in shorter durations.)
- I understand that the training event I offer does not deviate from the training described in the Training Approval Request Form that was approved by the MNCPD Training Approval Committee.
- I understand that as an MNCPD trainer, I will be expected to enter attendance on the Event Attendance Tab on the MNCPD Registry, unless it is a CCR&R training event. I will only enter attendance for those who completed the entire training session.
- I agree to give permission for random observation or monitoring of any training approved by MNCPD that I provide for quality management purposes.
- I attest that the application submitted and the information placed in the Minnesota Center for Professional Development Registry accurately reflects my training, education and experience and serves as my agreement to abide by all the conditions set forth in this trainer agreement, understanding that violation of any of the statements or procedures noted in this agreement may impact my status as an MNCPD approved trainer.

Trainer name (please print)

Trainer signature

Date