
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.

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 a 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. 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