

Gateways to Opportunity® Registry Trainer Approval Supplement Application

For questions and additional information about the Gateways Registry please call 866.697.8278 or visit us at www.ilgateways.com

Name: _____

I am applying to become a: *(check one)*

- Registry Trainer – more than 12 hours of adult training experience; works directly in the ECE field
- Specialty Trainer – provide training on special topics related to the field; does not work directly in the ECE field

Do you have access to the Internet? Yes No

Experience Delivering Instruction to Adults *(If applying as a Registry Trainer)*

Provide information relevant to your experience as a trainer/adult educator within the last 3 years. List only the trainings needed to document the number of hours of experience required for the type of trainer you are applying to become.

Please attach additional sheets which verify the information listed below.

Date	Title of Training / Course	Number of Contact Hours

Personal Statement *(optional)*

Your personal statement is available within the searchable trainer database on the Gateways website. This database allows participants to search for Registry-approved trainers by name, content area of expertise, keywords, ect. Please provide a short biography of no more than 225 words. You may opt out if you choose. Please note: The Registry reserves the right to edit your statement if needed.

You must check one box:

- I am enclosing a Personal Statement
- I am opting not to include a Personal Statement and do not want to appear in Trainer Search
- I am opting not to include a Personal Statement but still wish to appear in Trainer Search

Gateways to Opportunity Content Areas

Identify your ability to instruct *(based on your educational background and experience)* in the Gateways to Opportunity Core Content Areas. Check the areas in which you have the expertise to deliver instruction.

- Human Growth and Development
- Interactions, Relationships, and Environments
- Health, Safety, and Well-Being
- Family and Community Relationships
- Observation and Assessment
- Personal and Professional Development
- Curriculum or Program Design

Check the languages that you are willing to offer your trainings in: (check all that apply)

- English Polish Chinese Korean American Sign Language
 Spanish Arabic Japanese Russian
 Other _____

Check the Illinois counties where you are willing to train. If you are willing to train in all counties, check "All Counties".

- All Counties
- | | | | |
|---|----------------------------------|----------------------------------|-----------------------------------|
| <input type="radio"/> Adams | <input type="radio"/> Effingham | <input type="radio"/> Lawrence | <input type="radio"/> Pulaski |
| <input type="radio"/> Alexander | <input type="radio"/> Fayette | <input type="radio"/> Lee | <input type="radio"/> Putnam |
| <input type="radio"/> Bond | <input type="radio"/> Ford | <input type="radio"/> Livingston | <input type="radio"/> Randolph |
| <input type="radio"/> Boone | <input type="radio"/> Franklin | <input type="radio"/> Logan | <input type="radio"/> Richland |
| <input type="radio"/> Brown | <input type="radio"/> Fulton | <input type="radio"/> Macon | <input type="radio"/> Rock Island |
| <input type="radio"/> Bureau | <input type="radio"/> Gallatin | <input type="radio"/> Macoupin | <input type="radio"/> Saline |
| <input type="radio"/> Calhoun | <input type="radio"/> Greene | <input type="radio"/> Madison | <input type="radio"/> Sangamon |
| <input type="radio"/> Carroll | <input type="radio"/> Grundy | <input type="radio"/> Marion | <input type="radio"/> Schuyler |
| <input type="radio"/> Cass | <input type="radio"/> Hamilton | <input type="radio"/> Marshall | <input type="radio"/> Scott |
| <input type="radio"/> Champaign | <input type="radio"/> Hancock | <input type="radio"/> Mason | <input type="radio"/> Shelby |
| <input type="radio"/> Christian | <input type="radio"/> Hardin | <input type="radio"/> Massac | <input type="radio"/> St. Clair |
| <input type="radio"/> Clark | <input type="radio"/> Henderson | <input type="radio"/> McDonough | <input type="radio"/> Stark |
| <input type="radio"/> Clay | <input type="radio"/> Henry | <input type="radio"/> McHenry | <input type="radio"/> Stephenson |
| <input type="radio"/> Clinton | <input type="radio"/> Iroquois | <input type="radio"/> McLean | <input type="radio"/> Tazewell |
| <input type="radio"/> Coles | <input type="radio"/> Jackson | <input type="radio"/> Menard | <input type="radio"/> Union |
| <input type="radio"/> Cook: City of Chicago | <input type="radio"/> Jasper | <input type="radio"/> Mercer | <input type="radio"/> Vermilion |
| <input type="radio"/> Cook: North Suburbs | <input type="radio"/> Jefferson | <input type="radio"/> Monroe | <input type="radio"/> Wabash |
| <input type="radio"/> Cook: West Suburbs | <input type="radio"/> Jersey | <input type="radio"/> Montgomery | <input type="radio"/> Warren |
| <input type="radio"/> Cook: South Suburbs | <input type="radio"/> Jo Daviess | <input type="radio"/> Morgan | <input type="radio"/> Washington |
| <input type="radio"/> Crawford | <input type="radio"/> Johnson | <input type="radio"/> Moultrie | <input type="radio"/> Wayne |
| <input type="radio"/> Cumberland | <input type="radio"/> Kane | <input type="radio"/> Ogle | <input type="radio"/> White |
| <input type="radio"/> DeKalb | <input type="radio"/> Kankakee | <input type="radio"/> Peoria | <input type="radio"/> Whiteside |
| <input type="radio"/> DeWitt | <input type="radio"/> Kendall | <input type="radio"/> Perry | <input type="radio"/> Will |
| <input type="radio"/> Douglas | <input type="radio"/> Knox | <input type="radio"/> Piatt | <input type="radio"/> Williamson |
| <input type="radio"/> DuPage | <input type="radio"/> La Salle | <input type="radio"/> Pike | <input type="radio"/> Winnebago |
| <input type="radio"/> Edgar | <input type="radio"/> Lake | <input type="radio"/> Pope | <input type="radio"/> Woodford |
| <input type="radio"/> Edwards | | | |

How did you first learn about the Registry? (check only one)

- Center Director Local Child Care Resource & Referral Conference/Presentation
 Mailing Co-Worker Provider Association
 Website/Social Networking Professional Development Advisor Other _____

Applicant Signature

By signing below, I agree that the information I have provided is accurate. I commit to adhering to Registry-related policy and procedure. I understand that failure to comply with the Registry guidelines, policies or procedures can result in dismissal as a Registry-approved Trainer. I also agree that: I have read, understand and will follow the provisions of the NAEYC Code of Ethical Conduct Supplement for Early Childhood Adult Educators. I will use the appropriate forms for submitting trainings for approval and scheduling. Gateways to Opportunity Registry staff or designees may attend my trainings for purposes of observation and/or evaluation. I understand that INCCRRA reserves the right to request copies of my evaluations at anytime. I also know INCCRRA will conduct random informal evaluations with my training attendees periodically.

Print Name: _____

Applicant Signature: _____ **Date:** _____

Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701

Gateways to Opportunity Registry Trainer Approval Supplement Application Checklist

Please use the checklist provided to ensure that you have submitted all of the necessary documents needed to successfully complete your application. Any missing documentation will delay the application process and could lead to ineligibility for participating in the program. I have enclosed:

Enclosed On File at INCCRRA

- Completed, signed Gateways Registry Membership Form, or Information Update Form
- Registry Trainer Approval Supplement Application, completed and signed
- Personal Statement (*optional*)
- Copies of current certificates (*as reported on the Gateways Registry Membership Form/Information Update Form*)
- Proof of experience as a trainer/adult educator within the last 3 years (*e.g. agenda, instructional outline, conference program, etc.*)

Remember: In order to be considered for approval, you must also submit a training for approval.

- I am enclosing a completed Training Approval Application (*Trainer Submitted*)

Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701

Information Update Form

SECTION 1 - CONTACT / PERSONAL INFORMATION

The Information Update form is used to update your information. Please fill out the Information Update Form and the corresponding program supplement to participate in a Gateways program. For questions and additional information please call (866) 697-8278 or visit us at www.ilgateways.com.

First Name: _____ Middle Initial: _____

Last Name: _____

Has your name changed in the last 12 months? Yes No If yes, list previous name: _____

Person ID/Registry Member ID: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Please contact me at my: Home Address/Phone Work Address/Phone (if completing section 2)

SECTION 2 – CURRENT EMPLOYMENT

Please complete this section only if you are currently in part-time or full-time paid employment in the fields of Early Care and Education, School-Age, Youth Development, or Early Childhood Family Support. **If this does not apply to you, please skip this section.**

Employer Business Name: _____

Work Site Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Work Phone: _____ Work Fax: _____

Type of Program: (check only one)

- | | |
|--|---|
| <input type="radio"/> Child Care Center | <input type="radio"/> School-Age/Youth Development Program Only |
| <input type="radio"/> Family Child Care Home | <input type="radio"/> Public or Private School |
| <input type="radio"/> Group Family Child Care Home | <input type="radio"/> Child Care Resource & Referral (CCR&R) |
| <input type="radio"/> Head Start | <input type="radio"/> Other _____ |

This program is: Licensed by Illinois Department of Children and Family Services* License-Exempt N/A

*If Licensed, License ID number: _____ Licensed Capacity: _____

Date Employment Began: *(with this employer)* _____

Current Position Title: _____ Position Code: _____

Current Position Start Date: _____ *(refer to below)*

Hours worked per week: _____ Weeks worked per year: _____

Position Codes <i>(to be used above)</i>	
Direct Services to Children	
1. Director and/or Administrator (one-site)	10. Group Family Child Care Provider
2. Assistant Director	11. Group Family Child Care Assistant
3. Director/Teacher	12. School-Age Child Care Teacher
4. Teacher	13. School-Age Child Care Assistant
5. Assistant Teacher	14. Youth Development Practitioner
6. Teacher Aide (Preschool for All)	15. Other Direct Service
7. Substitute/Floater	23. Home Visitors
8. Family Child Care Provider	24. Home Visitor Supervisor
9. Family Child Care Assistant	25. Family, Friend, or Neighbor Caregiver
Indirect Services	
16. Director/Administrator (multi-site)	20. Education/Curriculum Coordinator
17. CCR&R Staff	21. Consultant
18. Higher Education Faculty/Staff	22. Other Indirect Services
19. Trainer	

Ages of Children You Currently Work With *(Family Child Care check all that apply, others check only one.)*

- Infant (6 wks-14 months)
- Toddler (15-23 months)
- Twos (24-35 months)
- Preschool (3-5 years)
- School-Age (K-12 years)
- Youth (13-21 years)
- Not Applicable (N/A)

SECTION 3 – APPLICANT SIGNATURE

I verify that all information provided is true and accurate. I understand that INCCRRA or the Illinois Department of Human Services may use my information for research/evaluation purposes. For more information, please view the Privacy Policy at: www.ilgateways.com. I also understand that I will become a member of the Gateways to Opportunity Registry. I understand that periodically a **limited** amount of my Registry record information may be released to IDCFS, IDHS, OECD and/or my program administrator in order to verify compliance with State requirements and/or ExceleRate Illinois standards. This information would be related to my Registry membership being current; number of training hours completed; and/or status or completion of certain training, formal education or credentials as required by the State and/or ExceleRate.

Print Name: _____

Applicant Signature: _____ **Date:** _____

If applicant is under the age of 18, a parent or legal guardian signature is required below.

Print Name: _____

Parent/Legal Guardian: _____ **Date:** _____

Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701

Gateways to Opportunity® Registry Training Approval Application Instructions **Trainer Submitted**

For questions and additional information about the Gateways Registry please call 866.697.8278 or visit us at www.ilgateways.com

Introduction

Thank you for your interest in submitting training for Gateways to Opportunity Registry approval. We applaud your commitment to providing high quality training for early care and education, school-age, and youth development practitioners in Illinois.

The following instructions and attachments will help you to complete the Training Approval Application (*Trainer Submitted*). If you are not yet a Registry approved trainer, you must also complete the Gateways Registry Membership Form and Registry Trainer Approval Supplement and submit them with your Application Package.

Definitions

Application Package – All required applications and documentation should be submitted as one complete package. A checklist is provided at the end of the application for reference.

SECTION 1 – TRAINER INFORMATION

Check the appropriate box to indicate whether or not you are currently a Registry approved trainer. If yes, include your Member ID number. If no, indicate that you are submitting the training with your Trainer Approval Application.

Provide your name, Member ID number (*leave blank if not currently a Registry approved trainer*), and current preferred address information. Your Trainer ID can be found on your Gateways to Opportunity Registry Membership card, or you may login to the Registry Dashboard at www.ilgateways.com. If you cannot access your membership ID, please call the Registry office at 1.866.697.8278.

The trainer listed in this section is considered the primary trainer and will be responsible for submitting the required training documentation to the Registry. If there are co-trainers for this training, see Section 3.

SECTION 2 – TRAINING INFORMATION

Title of Training

Please submit the title of the training in English. If this training will be listed on the online training calendar, this is the title that will appear. If the training is not in English, the Content Outline Submitted should reflect the title and description in the appropriate language.

Single/Multiple Session Training

Check the Single Session Training box if a participant only needs to attend one training session to complete the training. Check the Multiple Session Training box if a participant needs to attend multiple sessions in order to complete the training.

English/Spanish Training

Check the English and Spanish box if you want to offer this training in both languages. Please include the training title and description in both languages, but complete the Content Outline/Instructional Plan in English.

Training Language

Check the one language in which the training will be offered. Please ensure the Title of Training and the Description (*on the Content Outline*) are submitted in the language the training will be in so it may be listed as such on the online training calendar. If you wish to submit an already Registry-Approved training in a different language, you may use the Registry-Approved Training Amendment Form to do so.

Target Audience

Identify the specific audience(s) the training is targeting. Check all audiences that apply.

Training is primarily targeted towards

Identify the one Level of Learning (*as per the Gateways to Opportunity Registry: Levels of Learning Tool*) that best fits the focus of the training content.

Content will focus on which group(s)?

Identify the groups on which the training content is focused and the groups that will benefit from the knowledge that a participant will gain from attending the training. Check all that apply.

Training Topic Areas

Check up to the top 3 topics the training addresses. The topics are organized by categories of early childhood/child development/school-age/youth development topics and professional skills/management/leadership topics. A topic does not need to be identified in each category, but at least one topic must be identified. **Do not check more than 3 topics total.**

Number of Contact Hours of Actual Content Delivery

Report the number of hours of actual content delivery, excluding lunch and breaks. A training must have at least 1 hour of actual content delivery in order to be considered for Registry approval. (*Example: If the training will run for 4 hours with two 15 minute breaks, report 3.5 contact hours.*)

Gateways to Opportunity Content Area(s)

Identify the number of contact hours spent in each applicable content area. An area must be a focus for a **minimum of 1 hour** in order to be counted. The total of these hours should equal the Number of Contact Hours of Actual Content Delivery reported.

CDA Content Area(s)

Identify the number of contact hours spent in each applicable content area. An area must be a focus for a **minimum of 1 hour** in order to be counted. The total of these hours should equal the Number of Contact Hours of Actual Content Delivery reported.

Review for Gateways to Opportunity Credential

Check "Yes" if you wish for the training to also be reviewed for approval toward a Gateways to Opportunity Credential. In order to be considered for approval toward a credential, the training must be at least 7.5 contact hours in length, with a minimum of 7.5 hours dedicated to one Gateways Content Area.

Review for INCCRRA Continuing Education Unit (CEU) Credit

Check "Yes" if you wish for the training to also be reviewed for INCCRRA CEU credit. In order to be considered for CEU approval, training must be a minimum of 3 contact hours. Once approved, you will be sent a separate CEU policy and procedure.

Training Methods

Check "Yes" for all methods of instruction that will be used in this training. A variety of training methods should be used and should be sensitive to the needs of adult learners and appropriate for the content presented.

SECTION 3 – CO-TRAINER INFORMATION

If there will be other Registry-Approved trainers leading this training with you, check "Yes" and provide their information. Their Member ID numbers will need to be included, which they can find on their Membership ID card. This allows both Registry trainers to train the class together, or individually.

SECTION 4 – CONTENT OUTLINE / INSTRUCTIONAL PLAN

A content outline/instructional plan must be submitted in addition to the Gateways to Opportunity Training Approval Application. Registry staff will review this outline to identify whether the training meets Registry standards for approval. Trainers are strongly encouraged to use the Content Outline Template (<https://registry.ilgateways.com/be-a-trainer/training-resources-new>) in order to clearly demonstrate to the reviewers that all of the required components are included. If choosing not to use the template, the content outline must contain all of the components listed.

Title of Training

For reference, submit the title of the training as indicated on the application form. If the training is not in English, submit the title in the appropriate language.

Description of Training

Provide a brief description of the training content. This description should allow prospective participants to get a sense for what they will learn in the training. If the training is not in English, submit the description in the appropriate language.

Time and Sequence of Agenda

Provide an agenda for the training along with specific time estimates for each part of the agenda. The sequence of events should be logical, consistent and supportive of the objectives.

Learning Objectives

List the objectives for participants attending the training. At least one objective must be listed. The objectives should be written from the perspective of what the participant will be expected to do after completing the training (e.g. *Participants will be able to . . .*).

Assessment of Learning Objectives

Share how, during the course of your training, participants' progress toward the objectives of the training will be measured. Some assessment techniques include observation, group discussion, testing, etc. **An assessment method must be specified for each objective listed.**

Copy of Evaluation Form or Registry Training Evaluation Form

All Registry approved trainers will have access to a standardized Registry Training Evaluation Form. Trainers must either use this form (*check the box on the application*) or provide a copy of the evaluation form that will be used instead. This form should be an evaluation of the training and trainer so that participants may evaluate the effectiveness in meeting their needs. Evaluation results will provide the trainer with feedback to adapt or modify the training.

SECTION 5 – DESCRIPTION OF RELATED EXPERIENCE

Provide a brief narrative explanation regarding your specific qualifications to be a trainer on this topic. Qualifications may range from specific training and education to practical experience. This narrative should be considered to be a formal statement of your qualifications.

SECTION 6 – SIGNATURE

Sign and date the application if you agree to the conditions as outlined on the application.

Gateways to Opportunity® Registry Training Approval Application

Trainer Submitted

For questions and additional information about the Gateways Registry please call 866.697.8278 or visit us at www.ilgateways.com

SECTION 1 - TRAINER INFORMATION

Trainer Name: _____

- I am currently a Gateways to Opportunity Registry-Approved trainer, my Member ID is: _____
- I am not a Registry-Approved trainer and am submitting this for my Trainer Application Package.

SECTION 2 - TRAINING INFORMATION

Title of Training: _____

This is a: Single Session Training Multiple Session Training

Check here if you wish to offer this training in English and Spanish.

If so, please include title and description in both languages then complete the Content Outline/Instructional Plan in English.

Training Language:

- English Polish Chinese Korean American Sign Language
- Spanish Arabic Japanese Russian
- Other _____

Target Audience: (check all that apply)

- Center-Based Parents/Relatives
- Home-Based Trainers
- School-Age/Youth Family Support Staff
- Administrators Other _____

Training is primarily targeted towards: (check one)

- Introductory Level Intermediate Level Advanced Level
- Focuses on basic content, understanding and demonstration of developing skills Focuses on expanding knowledge, application and refining skills Focuses on a deep knowledge and mastery of skills and the ability to apply knowledge and skills across multiple contexts

Content will focus on which group(s)?: (check all that apply)

- Prenatal Youth (13-21 year olds)
- Infants (birth through 14 months) Parents
- Toddlers (15 months through 23 months) Staff
- Two Year Olds (24 mos. through 35 mos.) Administrative
- Preschool Children (3 year and 4 year olds) Other _____
- School-Age Children (5-12 year olds)

Training Topic Area(s): (check up to the top 3 topics this training addresses)

ECE, School-Age and Youth-Development Topics

- Child Abuse and Neglect
- Child Growth and Development
- Curriculum – Infant/Toddler
- Curriculum – Preschool
- Curriculum – School-Age
- Curriculum Strategies and Methodologies
- Developmentally Appropriate Practice
- Early Childhood Theories
- Early Literacy, Science, Math, Art or Music (circle one)
- Guidance and Discipline
- Health and Safety
- Interactions with Children
- Learning Environments (creating or maintaining)
- Nutrition
- Observation, Evaluation and Documentation
- Physical Fitness
- Play
- Research in Brain Development
- Special Needs/Inclusion
- Standards (program or learning)
- Other _____

Professional Skills, Management and Leadership Topics

- Administration and Supervision
- Advocacy
- Cultural and Individual Diversity
- Family Dynamics and Relationships
- Grant Writing
- Leadership
- Modeling and Mentoring
- Professionalism
- Program Assessment (ERS, accreditation, etc.)
- Program Planning and Management
- Staff Development and Training
- Technology
- Wellness
- Other _____

Number of Contact Hours of Actual Content Delivery: (excluding lunch/breaks) _____

Gateways to Opportunity Content Area(s): (Identify the number of hours, **minimum 1**, spent in each applicable area.

Total should equal number of contact hours above.)

- | | |
|--|---|
| ____ (A) Human Growth and Development | ____ (E) Interactions, Relationships and Environments |
| ____ (B) Health, Safety and Well-Being | ____ (F) Family and Community Relationships |
| ____ (C) Observation and Assessment | ____ (G) Personal and Professional Development |
| ____ (D) Curriculum or Program Design | |

CDA Content Area(s): (Identify the number of hours, **minimum 1**, spent in each applicable area. Total should equal number of contact hours above.)

- | | |
|--------------------------------|---------------------------------------|
| ____ (1) Health & Safety | ____ (5) Program Management |
| ____ (2) Physical/Intellectual | ____ (6) Professionalism |
| ____ (3) Social/Emotional | ____ (7) Observing/Recording Behavior |
| ____ (4) Parent Relationships | ____ (8) Child Development |

Would you like this training to also be reviewed for approval toward a Gateways to Opportunity Credential?

Training must be a minimum of 7.5 contact hours with at least 7.5 hours dedicated to one Gateways to Opportunity Content Area.

Yes No

- **Early Childhood Education (ECE) Credential** – for child care professionals working with children birth to age 8 who have specific levels of training, education and experience.
- **Infant Toddler Credential** – for child care professionals working with children birth to age 3 who have specific levels of training, education and experience.
- **Illinois Director (IDC) Credential** – for ECE/school-age care administrators who have specific levels of training, education and experience
- **School-Age Credential** – for professionals working with children ages 5–12 years who have specific levels of training, education and experience
- **Youth Development Credential** – for professionals working with youth ages 10–18 years who have specific levels of training, education and experience
- **Family Child Care Credential** – for family child care professionals working with children birth to age 12 who have specific levels of training, education and experience.
- **Family Specialist Credential** – for professionals providing direct services for families with children age birth–21 years who have specific levels of training, education and experience.
- **Technical Assistance Credential** – for professionals acting as a coach, mentor, consultant and/or technical assistance provider for those working with children and youth ages birth to 12 years and their families who have specific levels of training, education and experience.

Would you like this training to also be reviewed for INCCRRA Continuing Education Units (CEU) Credit?

Training must be a minimum of 3 contact hours.

Yes No

Training Methods: *(Check all that apply)*

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

SECTION 3 - CO-TRAINER INFORMATION

Will there be another Registry-Approved trainer co-training? Yes *(list below)* No

Co-Trainer 1: _____ Member ID: _____

Co-Trainer 2: _____ Member ID: _____

SECTION 4 - CONTENT OUTLINE / INSTRUCTIONAL PLAN

A content outline or instructional plan must be submitted in addition to the Training Approval Application. Trainers are strongly encouraged to use the Content Outline Template (registry.ilgateways.com/be-a-trainer/training-resources-new) in order to clearly demonstrate to the reviewers that all of the required components below are included. If you choose not to use the template, your content outline must include all of the components listed below.

- Title of Training
- Description of Training (50-100 words)
- Time and Sequence of Agenda
- Learning Objectives
- Assessment of Learning Objectives
- Copy of Evaluation Form *or*
 - I will use the Registry Training Evaluation Form

SECTION 5 – DESCRIPTION OF RELATED EXPERIENCE

Give examples of your skills and knowledge that demonstrate your ability to train on this specific topic.

SECTION 6 - SIGNATURE

By signing below, I agree that: The application and accompanying documents submitted accurately reflect the training content and procedures of the training. I will present the training as submitted in this application. If I make substantial changes in the content and/or procedures of the training, I will submit a new application for training approval. I will submit training sign-in sheets, evaluation summary forms (if appropriate) and other required information to the Registry within ten working days of training completion. I will approve training certificates for only those participants who attend the full training. I agree that the Registry Approved Training logo and the Training Event ID may only appear on certificates that are given to individuals completing the training in its entirety.

Print Name: _____

Applicant Signature: _____ Date: _____

Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701

Faxed applications will not be accepted.

Gateways to Opportunity Registry Training Approval Application – Trainer Submitted

Please use the checklist provided to ensure that you have submitted all of the necessary documents needed to successfully complete your application. Any missing documentation will delay the application process and could lead to ineligibility to participate in the program. I have enclosed:

Enclosed	On File at INCCRRA	
----------	--------------------	--

- | | | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | | Training Approval Application, completed and signed |
| <input type="radio"/> | <input type="radio"/> | Gateways Registry Membership Form and Registry Trainer Supplement Application |
| <input type="radio"/> | | Content Outline / Instructional Plan <i>(as specified in this application)</i> |
| <input type="radio"/> | | Copy of Evaluation Form <i>(if not using Registry Training Evaluation Form)</i> |
| <input type="radio"/> | <input type="radio"/> | Proof of certifications or train-the-trainer qualifications <i>(if applicable to this topic)</i> |

Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701

Faxed applications will not be accepted.