



**Division of Early Childhood
Office of Child Care**

Application for Training Approval -- Core of Knowledge

This form is to be completed by the person responsible for a training program within an Organization, Corporation, Association, Agency, or by an Individual. Send the completed form and all supporting documentation to trainingcredential.msde@maryland.gov.

Date of Application:	Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Revised
Individual/Organization Name:	
Tax ID (SSN or FEIN):	Current Approval #'s:
If an Organization, Contact Person:	Title:
Mailing Address:	City:
State:	Zip Code:
Daytime Phone #:	Email:

A. Individuals Applying for Training Approval – Answer questions below. *Documentation required for new applications and any changes to a previous application.

1. I am employed at a child care center. ___ No ___ Yes, Name of Center _____
2. I am a family child care provider. ___ No ___ Yes (**attach copy of registration**)
3. Did you attend college? ___ No ___ Yes, Number of credits earned _____ (**attach copy of transcript**)
4. Did you earn a degree? ___ No ___ Yes, Major _____ (**attach copy of degree**)
5. Do you have experience working directly with groups of children? ___ No ___ Yes, if yes, what ages? _____
6. Do you have other experience that qualifies you to provide the proposed training? ___ No ___ Yes (**attach copy of resume and supporting documentation**)

B. Read and Sign

The Individual/Organization named above agrees to:

1. Provide a complete training proposal for each workshop to the Office of Child Care (OCC) for review prior to advertisement and presentation.
2. Offer training in accordance with OCC approval.
3. Maintain records of training provided, including:
 - The title and date of the workshop/seminar;
 - Brief synopsis of workshop;
 - Number of clock hours, and
 - Copies of evaluation and workshop sign-in sheets.
4. Based on successful completion – Issue a certificate or statement of completion to each participant, which includes the workshop title, date, name of trainer/organization, participants name, core of knowledge area, number of clock hours, course ID number, trainer approval number, signature of approved individual or organization representative.
5. Submit online a quarterly report of training activities (Jan-Mar, Apr-June, July-Sept, and Oct-Dec).
6. Adhere to the established business practices as submitted to OCC.
7. Abide by the current code of ethical standards for approved trainers/organizations.
8. Provide all required information and documentation for first, renewal, and new or revised training applications.

IN ORDER TO BE RECOGNIZED AS AN APPROVED PROVIDER OF TRAINING TO REGULATED CHILD CARE PROVIDERS, I ACKNOWLEDGE THAT I HAVE READ THE ABOVE REQUIREMENTS AND AGREE TO COMPLY WITH THEM.

I hereby affirm that the above information given by me is true and complete to the best of my knowledge and belief. I further affirm that all attached documents are authentic and reflect true and accurate information.

Signature	Title (if applicable)	Date
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SUBMIT ALL REQUIRED DOCUMENTATION / INCOMPLETE APPLICATIONS WILL BE RETURNED