



**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 the MSDE/DEC – Office of Child Care, 200 W. Baltimore Street, Baltimore, MD 21201.

Date of Application: \_\_\_\_\_ Type of Application:  New  Renewal  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: \_\_\_\_\_

|   |
|---|
| <p><b>A. Individuals Applying for Training Approval – Answer questions below. *Documentation required for new applications and any changes to a previous application.</b></p> <p>1. I am employed at a child care center. ___ No ___ Yes, Name of Center _____</p> <p>2. I am a family child care provider. ___ No ___ Yes (<b>attach copy of registration</b>)</p> <p>3. Did you attend college? ___ No ___ Yes, Number of credits earned _____ (<b>attach copy of transcript</b>)</p> <p>4. Did you earn a degree? ___ No ___ Yes, Major _____ (<b>attach copy of degree</b>)</p> <p>5. Do you have experience working directly with groups of children? ___ No ___ Yes, if yes, what ages? _____</p> <p>6. Do you have other experience that qualifies you to provide the proposed training? ___ No ___ Yes (<b>attach copy of resume and supporting documentation</b>)</p>  |
| <p><b>B. Read and Sign</b></p> <p><b>The Individual/Organization named above agrees to:</b></p> <ol style="list-style-type: none"> <li>1. Provide a complete training proposal for each workshop to the Office of Child Care (OCC) for review prior to advertisement and presentation.</li> <li>2. Offer training in accordance with OCC approval.</li> <li>3. Maintain records of training provided, including:             <ul style="list-style-type: none"> <li>• The title and date of the workshop/seminar;</li> <li>• Brief synopsis of workshop;</li> <li>• Number of clock hours, and</li> <li>• Copies of evaluation and workshop sign-in sheets.</li> </ul> </li> <li>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.</li> <li>5. Submit online a quarterly report of training activities (Jan-Mar, Apr-June, July-Sept, and Oct-Dec).</li> <li>6. Adhere to the established business practices as submitted to OCC.</li> <li>7. Abide by the current code of ethical standards for approved trainers/organizations.</li> <li>8. Provide all required information and documentation for first, renewal, and new or revised training applications.</li> </ol> <p><b>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.</b></p> <p>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.</p> <p>_____<br/>Signature Title (if applicable) Date</p> |

**SUBMIT ALL REQUIRED DOCUMENTATION / INCOMPLETE APPLICATIONS WILL BE RETURNED**