



Division of Early Childhood
Office of Child Care

Application for Training Approval – Pre-Service

This form is to be completed by the person responsible for a training program within an Organization, Corporation, Association, and Agency, or by an Individual. Send the completed form and all supporting documentation to the MSDE/Division of Early Childhood Development – 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: _____

Phone #: _____ Email: _____

All Applicants Read and Sign This Section

The Individual/Organization named above agrees to:

1. Provide a complete application, including a business plan and proposal for each Pre-Service Course, to the Office of Child Care for review prior to advertisement and presentation.
2. Offer training in accordance with Office of Child Care approval.
3. Maintain records of courses provided, including:
 - The title and dates of the Pre-Service Training;
 - Number of clock hours;
 - The name and qualifications of the instructor/s;
 - The names of each attendee and their status upon completion of the course; and
 - Copies of evaluation, sign-in sheets and assessment for each class.
4. Based on successful completion – Issue a certificate or statement of completion to each participant which includes: the name of the Individual/Organization, title of course, course ID number, name of participant, date training was successfully completed, training approval number, signature of instructor and signature of authorized organization representative.
5. Submit online quarterly reports of training activities (Jan-Mar, Apr-June, July-Sept, Oct-Dec).
6. Report any changes to the Office of Child Care, to include but not limited to, the name of the organization/agency, approved instructor, address, contact person, or contact information.
7. Adhere to the established business practices as submitted to Office of Child Care.
8. Abide by the current code of ethical standards for approved trainers/organizations.
9. Provide all required information and documentation for new application, renewal and 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 of Person Submitting Application

Title

Date

SUBMIT ALL REQUIRED DOCUMENTATION / INCOMPLETE APPLICATIONS WILL BE RETURNED