

Oklahoma Trainer Approval System Educator/Consultant Application



The University of Oklahoma - College of Continuing Education
CENTER FOR EARLY CHILDHOOD
PROFESSIONAL DEVELOPMENT

This form is completed by educators, CDA advisors, and consultants. Approval is valid for 1 year.

Date of Application: _____

PERSONAL INFORMATION

Name: _____ Social Security Number: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

PLACE OF EMPLOYMENT: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Fax: _____

Services I want to perform: Educator only (Apprentice, Practitioner, Specialist, Content Expert) Consultant only (CDA Advisor, Mental Health, Technical Assistance) Both
(Please check one)

Which address would you prefer to receive mail? Home Work

Have you been an educator/consultant on the Oklahoma Training Approval System before? Yes No

If yes, please note the year you were approved: _____

I am a trained CDA Advisor (attach training documentation): Yes No

I am a trained CCP Field Counselor (attach training documentation): Yes No

I am currently an approved Educator for the Oklahoma Training Approval System: Yes No

BACKGROUND INFORMATION

If you are a licensed child care owner/provider or have been one in the past, have you ever had your license denied or revoked? Yes No

Have you been convicted of, or entered a plea of guilty, or nolo contendere, or have pending charges to any crime involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others; or animal cruelty? Yes No

FORMAL EDUCATION

Please check all that apply and attach a copy of the official transcript(s) or certification(s).

- Associate Degree
 - Early Childhood Education
 - Child Development
 - Family Relations/Child Development
 - Other (Non ECE w/15 credit hours in ECE/CD courses)
- Bachelor's Degree
 - Early Childhood Education
 - Child Development
 - Family Relations/Child Development
 - Other (Non ECE w/24 credit hours in ECE/CD courses)
- Master's Degree
 - Early Childhood Education
 - Child Development
 - Family Relations/Child Development
 - Other (Non ECE w/24 credit hours in ECE/CD courses)
- Doctorate
 - Early Childhood Education
 - Child Development
 - Family Relations/Child Development
 - Other (Non ECE w/24 credit hours in ECE/CD courses)
- Other Certification: _____

ATTACH YOUR OFFICIAL COLLEGE TRANSCRIPT(S)

AVAILABILITY

I can offer training/ consultation in these language(s):

- English
- Spanish
- Vietnamese
- American Sign Language
- Other (please identify): _____

List the counties or cities in which you are willing to provide training, CDA advisement, or specialized consultation:

EXPERIENCE

DIRECT EXPERIENCE WORKING WITH CHILDREN

You must have a minimum of four years of full-time work experience, with at least 1 year of full-time work experience after completion of a degree in a related field or granting of a national credential.

List the number of years you have working directly with or on behalf of children in a licensed child care setting or legally exempt child care setting. _____ YEARS

Please clarify if this experience is not full-time experience.

If you have experience working with children in a closely related field, please list the number of years and explain experience below. _____ YEARS

DIRECT EXPERIENCE TRAINING ADULTS

You must have a minimum of 50 clock hours of conducting professional development for adults in the past three years.

List the number of hours you have training adults, which could include presenting at conferences, workshops, staff in-service trainings, technical training, or teaching higher education courses. _____ HOURS

ATTACH A COPY OF YOUR CURRENT RESUME, VITA, OR OTHER SUPPORTING DOCUMENTATION.

OKLAHOMA CORE COMPETENCIES FOR EARLY CHILDHOOD PRACTITIONERS

Select Core Competencies for which you have knowledge and training experience (Pick top three areas)

OK Core Competencies:

- Child Growth and Development
- Health, Safety, and Nutrition
- Child Observation and Assessment
- Family and Community Partnerships
- Learning Environments and Curriculum
- Interactions with Children
- Program Planning, Development, and Evaluation
- Professionalism and Leadership

PROFESSIONAL CONTRIBUTIONS TO THE EARLY CARE AND EDUCATION FIELD

Please check all that apply, explain, and include dates.

- Member of a related professional association _____
- Supervisor of students enrolled in a formal degree program _____
- CDA/CCP Field Advisor _____
- CDA Council Representative _____
- Peer Mentor _____
- Other (be specific) _____
- Validator, Endorser, or Observer for a national accrediting organization _____

List organization: _____

REFERENCES

CHARACTER REFERENCE

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

SOMEONE WHO CAN SPEAK OF YOUR WORK WITH CHILDREN

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

SOMEONE WHO KNOWS OF YOUR PREVIOUS TRAINING EFFORTS

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

CERTIFICATION AND RELEASE

I certify that all information provided in and/or attached to my application is true and correct and do hereby indemnify the Board of Regents of the University of Oklahoma, its Regents, employees and agents against any claims whatsoever arising out of or connected with the information and/or any subsequent professional placement.

I hereby expressly consent to the Center for Early Childhood Professional Development releasing my directory information, such as, but not limited to, my name, telephone number, and address; such information may be released hardcopy or electronically. I understand that the Center for Early Childhood Professional Development is a public entity and will protect the confidentiality of personal information provided to the extent permitted under state and federal law and the terms of this agreement.

Signature of Applicant: _____ Date: _____

COMPLETION

CHECKLIST FOR INITIAL APPLICATION

- Complete all blanks on application form
- Attach copy of **vita or documentation of training adults**
- Attach copy of current **resume**
- Attach **official academic transcripts**
- Attach current (within past 12 months) **official OSBI Report** with both criminal background and sex offender stamps
- Enclose a \$15 non-refundable processing fee (Check or money order made out to "The University of Oklahoma") for Educator Approval
- Enclose a \$15 non-refundable processing fee (Check or money order made out to "The University of Oklahoma") for Consultant Approval

When application is complete, please assemble all information and mail to:

Center for Early Childhood Professional Development
The University of Oklahoma, College of Continuing Education
Attention: Oklahoma Trainer Approval System Educator Services
1801 N Moore Ave.
Moore, OK 73160-3667
(405) 799-6383 | 888-446-7608 toll free

The University of Oklahoma is an equal opportunity institution. Accommodations on the basis of disability are available by contacting CECPD.