



**Oklahoma Training Approval System**  
**TIER II TRAINING**  
**Learning Goals and Objectives Application**

Please complete all sections of this application form—**do not** write, “*see attached*”—and return to CECPD for review and approval. Any variation of the approved training topic, such as length of time, number of training hours the participant would receive, changes in the goals or learning objectives, or presentation by a different educator, would need to be re-submitted for approval, and a new **Oklahoma Training Approval System** ID number would be assigned. This training must be approved by CECPD and is limited to four to six hours in length.

Date of Application \_\_\_\_\_

Educator Name \_\_\_\_\_ Phone \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Is the Educator listed on the Oklahoma Training Approval System Educator Services?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If no, please enclose a vita with the application form.)

**Title of Training** \_\_\_\_\_

Number of Training Hours Participant Would Receive: \_\_\_\_\_ **FORMAL HOURS**

Has this training been presented before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please write in the *Oklahoma Training Approval System*

**Identification Code** \_\_\_\_\_

I. Description of training topic to be printed in promotional materials:



V. How will individuals demonstrate their attainment of the learning outcomes?

VI. Describe how the Environment Rating Scales criteria is integrated into your training session.

VII. Check the Core Competency areas that are covered in the training and list the number of hours in each area:

- |  |   |
|--|---|
| <input type="checkbox"/> Child Growth and Development: _____hr(s)                | <input type="checkbox"/> Professionalism and Leadership: _____hr(s)             |
| <input type="checkbox"/> Health, Safety and Nutrition: _____hr(s)                | <input type="checkbox"/> Educational Programming and Family Support: _____hr(s) |
| <input type="checkbox"/> Child Observation and Assessment: _____hr(s)            | <input type="checkbox"/> Personnel and Professional Self-Awareness: _____hr(s)  |
| <input type="checkbox"/> Family and Community Partnerships: _____hr(s)           | <input type="checkbox"/> Staff Management and Human Relations: _____hr(s)       |
| <input type="checkbox"/> Learning Environments and Curriculum: _____hr(s)        | <input type="checkbox"/> Leadership and Advocacy: _____hr(s)                    |
| <input type="checkbox"/> Interactions with Children: _____hr(s)                  | <input type="checkbox"/> Legal Management: _____hr(s)                           |
| <input type="checkbox"/> Program Planning Development and Evaluation: _____hr(s) | <input type="checkbox"/> Fiscal Management: _____hr(s)                          |

VIII. What type of learning environment will be provided during the training event?

IX. Additional support services offered after the training is complete?

Educator Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mail or Fax all information to: (405) 799-7634 or  
Center for Early Childhood Professional Development  
Attention: Oklahoma Training Approval System  
1801 N. Moore Avenue  
Moore, OK 73160**

Revised 12/2010