

Oklahoma Trainer Approval System Educator/Consultant Renewal Application

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



ANNUAL RENEWAL FORM

APPLICANT INFORMATION

Name: _____

Home Address: _____

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

Phone: _____ Cel[☑] Phone: _____ Email: _____

Occupation: (Please check **one**, if "other", please give title)

<input type="checkbox"/> Teacher	<input type="checkbox"/> Master Teacher	<input type="checkbox"/> Director/Administrator	<input type="checkbox"/> Consultant
<input type="checkbox"/> Higher Ed	<input type="checkbox"/> Program Coordinator	<input type="checkbox"/> Other: _____	

Place of Employment: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Fax: _____

Services I want to perform: (Please check all that apply)

<input type="checkbox"/> Educator	<input type="checkbox"/> Consultant (CDA Advisor, Mental Health Consultant, Onsite Technical Assistance)
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CHECKLIST FOR RENEWAL APPLICATION

- Current Professional Development Ladder (PDL) Certification Enclosed \$15 renewal fee for each service

CERTIFICATION AND RELEASE

I certify that all information provided in and/or attached to my renewal 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

Please mail Renewal Application to: CECPD - The University of Oklahoma, College of Continuing Education
Attention: Oklahoma Trainer Approval System Educator Services
1801 N Moore Ave. - Moore, OK 73160-3667
(405) 793-3408 | 888-446-7608 toll free

