



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:

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

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**