



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

PARTICIPANT TRAINING RECORD Request Form

Complete, Sign and Mail or Fax this form to the address below:

Center for Early Childhood Professional Development
ATTN: Training Records
1801 N. Moore Ave.
Moore, OK 73160-3667
Phone: 405/799-6383 X 239
Fax: 405/799-7634

Classes are recorded 4 to 6 weeks after the last day of class.

Name: _____ Previous Last Name: _____

Social Security Number: _____ Phone Number: _____

Change Address to: _____

NUMBER OF COPIES: _____ Educator (Class trainer) Participant in class

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Training Record of your *Training for Child Care Careers* courses

Mail to: (Allow 1 week for delivery)

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

OR

Training Record of your *Training for Child Care Careers* courses with the OU stamped seal

Mail to: (Allow 4 weeks for delivery)

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

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SIGNATURE AND DATE ARE REQUIRED:

SIGNATURE: _____ **DATE:** _____