



REQUEST FOR IN-SERVICE TRAINING APPROVAL FOR CLOCK HOURS

To obtain clock hour approval, complete all information on this form, **including required attachments (agenda, syllabus, handouts, presentation, etc.), at least three months prior to the scheduled training date.** Applications that are submitted with less time prior to the training date are not guaranteed to receive approval prior to the training date. Complete a separate application for **each** learning activity. Do not submit requests for training that has been approved for Early Childhood CEU's. Please **print** or **type** all information. **Incomplete applications will be returned.**

Sponsoring Agency/Organization Information

Name of Sponsoring Agency _____		Address of Sponsoring Agency _____	
() _____ Telephone	() _____ Fax	City Zip County _____	
Contact Person _____		E-mail _____	

Instructor/Trainer Information

Instructor: First and Last Name

Current Employer

Job Title

Address

City **State** **Zip**

() _____
Telephone **Fax**

Email

Degree/Certificate/Credential (if any)

Professional Experience Relevant to Topic

Co-Instructor/Trainer: First and Last Name

Current Employer

Job Title

Address

City **State** **Zip**

() _____
Telephone **Fax**

Email

Degree/Certificate/Credential (if any)

Professional Experience Relevant to Topic

Brief Description of Training including the objectives (may include additional information on the back or attach pages):

Objectives:

Description: **(Please specify how this training will apply directly to child care providers in their day care homes/centers)**

Specify the target audience (check all that apply):

_____ licensed day care home/group day care home provider and staff

_____ center based staff

_____ infant

_____ toddler

_____ school age

_____ preschool

_____ center based administration/program director

_____ licensing survey/licensing director

_____ other _____

Please check one content area relating to the primary objective of the learning activity using the Core Competencies for Early Care and Education Professional in Kansas and Missouri:

_____ Child Growth & Development

_____ Child Observation and Assessment

_____ Health, Safety, and Nutrition

_____ Program Planning and Development

_____ Learning Environment and Curriculum

_____ Families and Communities

_____ Interactions with Children

_____ Professional Development and Leadership

Check the knowledge or Skill Level of the Target Audience:

_____ Level 1 skills or knowledge expected of an early care and education professional new to the child care field, with minimal specialized education and training.

_____ Level 2 includes level 1 plus skills or knowledge commensurate with DCA credential in Child Development or equivalent education or training.

_____ Level 3 includes level 1 and 2 plus skill or knowledge commensurate with an associate's degree in early childhood or child development.

_____ Level 4 includes levels 1, 2, and 3 plus skills or knowledge commensurate with bachelor's degree in early childhood or child development.

_____ Level 5 includes levels 1, 2, 3 and 4 plus skills or knowledge commensurate with an advanced degree in early childhood or child development, understanding that at this level early care and education professionals are increasingly specialized.

Check the method used to determine learner competency:

_____ No Determination _____ Exam/Test _____ Observation of Skills _____ Project Review

Other _____

Assurances:

- 1) As the sponsor and/or trainer of the learning activity/training, I am responsible for the quality of the learning activity/training, qualifications of the instructors/trainers, supervision and documentation of the content and clock hour certificates for learners.
- 2) As the sponsor and/or the trainer of the learning activity/training, I understand that the training content must not be in conflict with Kansas child care statutes and regulations.
- 3) As the sponsor and/or trainer of the learning activity/training, I will allow the Kansas Department of Health and Environment (KDHE), Child Care Licensing Program access to my documentation of approved learning activities.
- 4) As the sponsor and/or the trainer of the learning activities/training, I will not advertise that learning activities are approved by KDHE prior to obtaining written approval. I may advertise and approval has been requested.
- 5) As the sponsor and/or the trainer of the learning activity/training, I will be responsible for assuring that Certificates of Completion documenting attendance will not be issued to learners who have not completed the learning activity/training. Certificates are not to be awarded for partial attendance.

Signature of the Authorized Representative for the Sponsoring Agency Date

(MM/DD/YYYY)

Signature of Instructor/Trainer Date

(MM/DD/YYYY)

Signature of Instructor/Trainer Date

(MM/DD/YYYY)