



**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		
( )	( )	City	Zip	County
Telephone	Fax			
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:

**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

\_\_\_\_\_ Learning Environment and Curriculum

\_\_\_\_\_ Child Observation and Assessment

\_\_\_\_\_ Families and Communities

\_\_\_\_\_ Health, Safety, and Nutrition

\_\_\_\_\_ Interactions with Children

\_\_\_\_\_ Program Planning and Development

\_\_\_\_\_ 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 o 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 card 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 leaning 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.

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Signature of the Authorized Representative for the Sponsoring Agency

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Date (MM/DD/YYYY)

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Signature of Instructor/Trainer

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Date (MM/DD/YYYY)

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Signature of Instructor/Trainer

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Date (MM/DD/YYYY)