

Trainer Application Packet

ELIGIBILITY

To become an approved trainer* you must demonstrate the following:

- Associate Degree or higher in Early Childhood Education or Child/Family Development Studies. (Note: Specialty trainers require an AA Degree or higher in the content area of the proposed training topic.) **OR** Degree in non-related field and CDA credential or 30 credits in Early Childhood Development.
- Five years professional experience providing direct services to children and/or families. (Note: Specialty trainers must have five years professional experience in the content of the area of the proposed training topic.)
- Experience training and/or presenting to adult learners within the last three years.

TRAINER APPROVAL PROCESS

Step 1: Complete the Trainer Application Packet

Step 2: Submit the Trainer Application Packet by mail or email to the IdahoSTARS Training Office:

Mail to: IdahoSTARS Training Office
Center on Disabilities and Human
Development University of Idaho
1187 Alturas Dr
Moscow, ID 83843-8331

Email: trainingoffice@idahostars.org

Please include:

- Resume or vita; Copy of transcripts from highest degree; Copy of any relevant certification(s)

Step 3: IdahoSTARS Training Office will be send a handbook with further instructions. Applicants who are not approved will receive an explanation and may submit a letter for re-evaluation. This letter should: address the criteria not met; clearly describe knowledge, experience, or qualifications within the content area of proposed training topic(s); include three references from the professional community who can attest to the applicant's skills.

IDAHOSTARS TRAINERS

Once approved as an IdahoSTARS Trainer:

1. Trainers will complete the orientation process.
2. Submit New Training within RISE Account. The review process may take one to two weeks.

**For more information on IdahoSTARS trainer types, requirements, and process see the IdahoSTARS trainer manual at idahostars.org under trainers>trainer resources*

TRAINER APPROVAL APPLICATION PACKET

Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Have you ever been an Approved Trainer in the child care quality improvement or STAR system before? Yes No

If yes, please tell us when and where:

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the United States? Yes No

Have you ever been convicted of a crime against children? Yes No

If yes, you will not be eligible for a trainer approval.

IdahoSTARS provides scholarships for child care providers in our Professional Development System (PDS) Registry. For more information call the IdahoSTARS Scholarship Office by dialing the Idaho CareLine 2-1-1 or 1-800-926-2588

Will you accept IdahoSTARS scholarships for attendees? Yes No

Languages: Please list all languages, besides English, in which you are willing to train:

Early Childhood Experience:

Note: Please provide an overview of your professional early childhood experiences below:

1. Title/Description of duties:

Program:

Address:

Beginning Date:

Ending Date:

2. Title/ Description of duties:

Program:

Address:

Beginning Date:

Ending Date:

Education/Experience Related to Teaching Adults:

Please list the course work/training you have taken within the last five years in adults learning/education below (include any train the trainer courses/workshops taken):

1. Training/Course Title(s):

Program/Institution that offered the training/course:

Year Training/Course Completed:

2. Training/Course Title(s):

Program/Institution that offered the training/course:

Year Training/Course Completed:

Training, Presentations, or Workshops:

Please list those that you have presented in the last three years (not to include staff training for your facility or class presentations):

1. Topic Presented:

For the following organizations/conferences:

Date Presented:

2. Topic Presented:

For the following organizations/conferences:

Date Presented:

PROFESSIONAL REFERENCES

Please include two professional references who can attest to your experience and expertise

Reference #1

Name:

Position:

Phone:

Email:

I give IdahoSTARS permission to contact this reference in regards to becoming an IdahoSTARS Trainer.

Applicant/Trainer Signature: _____ Date:

Reference #2

Name:

Position:

Phone:

Email:

I give IdahoSTARS permission to contact this reference in regards to becoming an IdahoSTARS Trainer.

Applicant/Trainer Signature: _____ Date:

I certify that the information included in this application, resume, and transcripts is accurate.

Signature: _____ Date:

Please include:

- *Resume or vita*
- *Copy of transcripts from highest degree*
- *Copy of any relevant certification(s)*