

# Gateways to Opportunity® Registry Trainer Approval Supplement Application

For questions and additional information about the Gateways Registry please call 866.697.8278 or visit us at [www.ilgateways.com](http://www.ilgateways.com)

Name: \_\_\_\_\_

**I am applying to become a:** *(check one)*

- Registry Trainer – more than 12 hours of adult training experience; works directly in the ECE field
- Specialty Trainer – provide training on special topics related to the field; does not work directly in the ECE field

**Do you have access to the Internet?**       Yes       No

**Experience Delivering Instruction to Adults** *(If applying as a Registry Trainer)*

Provide information relevant to your experience as a trainer/adult educator within the last 3 years. List only the trainings needed to document the number of hours of experience required for the type of trainer you are applying to become.

**Please attach additional sheets which verify the information listed below.**

Date	Title of Training / Course	Number of Contact Hours

**Personal Statement** *(optional)*

Your personal statement is available within the searchable trainer database on the Gateways website. This database allows participants to search for Registry-approved trainers by name, content area of expertise, keywords, ect. Please provide a short biography of no more than 225 words. You may opt out if you choose. Please note: The Registry reserves the right to edit your statement if needed.

**You must check one box:**

- I am enclosing a Personal Statement
- I am opting not to include a Personal Statement and do not want to appear in Trainer Search
- I am opting not to include a Personal Statement but still wish to appear in Trainer Search

**Gateways to Opportunity Content Areas**

Identify your ability to instruct *(based on your educational background and experience)* in the Gateways to Opportunity Core Content Areas. Check the areas in which you have the expertise to deliver instruction.

- Human Growth and Development
- Interactions, Relationships, and Environments
- Health, Safety, and Well-Being
- Family and Community Relationships
- Observation and Assessment
- Personal and Professional Development
- Curriculum or Program Design

**Check the languages that you are willing to offer your trainings in: (check all that apply)**

- English       Polish       Chinese       Korean       American Sign Language  
 Spanish       Arabic       Japanese       Russian  
 Other \_\_\_\_\_

**Check the Illinois counties where you are willing to train. If you are willing to train in all counties, check "All Counties".**

- All Counties
- |   |                                  |                                  |                                   |
|---|----------------------------------|----------------------------------|-----------------------------------|
| <input type="radio"/> Adams                 | <input type="radio"/> Effingham  | <input type="radio"/> Lawrence   | <input type="radio"/> Pulaski     |
| <input type="radio"/> Alexander             | <input type="radio"/> Fayette    | <input type="radio"/> Lee        | <input type="radio"/> Putnam      |
| <input type="radio"/> Bond                  | <input type="radio"/> Ford       | <input type="radio"/> Livingston | <input type="radio"/> Randolph    |
| <input type="radio"/> Boone                 | <input type="radio"/> Franklin   | <input type="radio"/> Logan      | <input type="radio"/> Richland    |
| <input type="radio"/> Brown                 | <input type="radio"/> Fulton     | <input type="radio"/> Macon      | <input type="radio"/> Rock Island |
| <input type="radio"/> Bureau                | <input type="radio"/> Gallatin   | <input type="radio"/> Macoupin   | <input type="radio"/> Saline      |
| <input type="radio"/> Calhoun               | <input type="radio"/> Greene     | <input type="radio"/> Madison    | <input type="radio"/> Sangamon    |
| <input type="radio"/> Carroll               | <input type="radio"/> Grundy     | <input type="radio"/> Marion     | <input type="radio"/> Schuyler    |
| <input type="radio"/> Cass                  | <input type="radio"/> Hamilton   | <input type="radio"/> Marshall   | <input type="radio"/> Scott       |
| <input type="radio"/> Champaign             | <input type="radio"/> Hancock    | <input type="radio"/> Mason      | <input type="radio"/> Shelby      |
| <input type="radio"/> Christian             | <input type="radio"/> Hardin     | <input type="radio"/> Massac     | <input type="radio"/> St. Clair   |
| <input type="radio"/> Clark                 | <input type="radio"/> Henderson  | <input type="radio"/> McDonough  | <input type="radio"/> Stark       |
| <input type="radio"/> Clay                  | <input type="radio"/> Henry      | <input type="radio"/> McHenry    | <input type="radio"/> Stephenson  |
| <input type="radio"/> Clinton               | <input type="radio"/> Iroquois   | <input type="radio"/> McLean     | <input type="radio"/> Tazewell    |
| <input type="radio"/> Coles                 | <input type="radio"/> Jackson    | <input type="radio"/> Menard     | <input type="radio"/> Union       |
| <input type="radio"/> Cook: City of Chicago | <input type="radio"/> Jasper     | <input type="radio"/> Mercer     | <input type="radio"/> Vermilion   |
| <input type="radio"/> Cook: North Suburbs   | <input type="radio"/> Jefferson  | <input type="radio"/> Monroe     | <input type="radio"/> Wabash      |
| <input type="radio"/> Cook: West Suburbs    | <input type="radio"/> Jersey     | <input type="radio"/> Montgomery | <input type="radio"/> Warren      |
| <input type="radio"/> Cook: South Suburbs   | <input type="radio"/> Jo Daviess | <input type="radio"/> Morgan     | <input type="radio"/> Washington  |
| <input type="radio"/> Crawford              | <input type="radio"/> Johnson    | <input type="radio"/> Moultrie   | <input type="radio"/> Wayne       |
| <input type="radio"/> Cumberland            | <input type="radio"/> Kane       | <input type="radio"/> Ogle       | <input type="radio"/> White       |
| <input type="radio"/> DeKalb                | <input type="radio"/> Kankakee   | <input type="radio"/> Peoria     | <input type="radio"/> Whiteside   |
| <input type="radio"/> DeWitt                | <input type="radio"/> Kendall    | <input type="radio"/> Perry      | <input type="radio"/> Will        |
| <input type="radio"/> Douglas               | <input type="radio"/> Knox       | <input type="radio"/> Piatt      | <input type="radio"/> Williamson  |
| <input type="radio"/> DuPage                | <input type="radio"/> La Salle   | <input type="radio"/> Pike       | <input type="radio"/> Winnebago   |
| <input type="radio"/> Edgar                 | <input type="radio"/> Lake       | <input type="radio"/> Pope       | <input type="radio"/> Woodford    |
| <input type="radio"/> Edwards               |                                  |                                  |                                   |

**How did you first learn about the Registry? (check only one)**

- Center Director       Local Child Care Resource & Referral       Conference/Presentation  
 Mailing       Co-Worker       Provider Association  
 Website/Social Networking       Professional Development Advisor       Other \_\_\_\_\_

### Applicant Signature

By signing below, I agree that the information I have provided is accurate. I commit to adhering to Registry-related policy and procedure. I understand that failure to comply with the Registry guidelines, policies or procedures can result in dismissal as a Registry-approved Trainer. I also agree that: I have read, understand and will follow the provisions of the NAEYC Code of Ethical Conduct Supplement for Early Childhood Adult Educators. I will use the appropriate forms for submitting trainings for approval and scheduling. Gateways to Opportunity Registry staff or designees may attend my trainings for purposes of observation and/or evaluation. I understand that INCCRRA reserves the right to request copies of my evaluations at anytime. I also know INCCRRA will conduct random informal evaluations with my training attendees periodically.

Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701*

## Gateways to Opportunity Registry Trainer Approval Supplement Application Checklist

Please use the checklist provided to ensure that you have submitted all of the necessary documents needed to successfully complete your application. Any missing documentation will delay the application process and could lead to ineligibility for participating in the program. I have enclosed:

### Enclosed      On File at INCCRRA

- Completed, signed Gateways Registry Membership Form, or Information Update Form
- Registry Trainer Approval Supplement Application, completed and signed
- Personal Statement (*optional*)
- Copies of current certificates (*as reported on the Gateways Registry Membership Form/Information Update Form*)
- Proof of experience as a trainer/adult educator within the last 3 years (*e.g. agenda, instructional outline, conference program, etc.*)

Remember: In order to be considered for approval, you must also submit a training for approval.

- I am enclosing a completed Training Approval Application (*Trainer Submitted*)

**Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701**