

Gateways to Opportunity Registry Distance Learning Training Approval Application Instructions

Trainer Submitted

For questions and additional information about the Gateways Registry please call 866.697.8278 or visit us at www.ilgateways.com

Introduction

Thank you for your interest in submitting training for Gateways to Opportunity Registry approval. We applaud your commitment to providing high quality training for early care and education, school-age, and youth development practitioners in Illinois.

The following instructions and attachments will help you to complete the Distance Learning Training Approval Application (*Trainer Submitted*). If you are not yet a Registry approved trainer, you must also complete the Gateways Registry Membership Form and Registry Trainer Approval Supplement and submit them with your Application Package.

Definitions

Application Package – All required applications and documentation should be submitted as one complete package. A checklist is provided at the end of the application for reference.

SECTION 1 – TRAINER INFORMATION

Check the appropriate box to indicate whether or not you are currently a Registry approved trainer. If yes, include your Member ID number. If no, indicate that you are submitting the training with your Trainer Approval Supplement.

Provide your name, Member ID number (*leave blank if not currently a Registry approved trainer*), and current preferred address information. Your Member ID can be found on your Gateways to Opportunity Registry Membership card, or you may login to the Registry Dashboard at www.ilgateways.com. If you cannot access your ID, please call the Registry office at 866.697.8278.

The trainer listed in this section is considered the primary trainer and will be responsible for submitting the required training documentation to the Registry. If there are co-trainers for this training, see Section 3.

SECTION 2 – DISTANCE TRAINING INFORMATION

Title of Training

Please submit the title of the training in English. If this training will be listed on the online training calendar, this is the title that will appear. If the training is not in English, the Content Outline Submitted should reflect the title and description in the appropriate language.

Type of Training

Please choose how your distance learning will be presented (by Webinar, Self-Paced Online Learning Platform, Hybrid/Cohort model or Other. If Other, please explain.) Check if this training will have a moderator or facilitator. Please indicate whether your distance learning is Self-Paced or Facilitator-Led. Indicate if the distance learning will be completed in a Single Session or Multiple Sessions. If multiple session, list the number of sessions/modules. Check if there will be technical assistance available. Please list technology requirements needed for participants.

Training Language

Check the one language in which the training will be offered. If the training will be offered in multiple languages, you may submit one application for each language in which you wish to offer the training. Please ensure the Title of Training and the Description (*on the Content Outline*) are submitted in English **and** the appropriate language so it may be listed as such on the online training calendar. If you wish to submit an already Registry-Approved training in a different language, you may use the Registry-Approved Training Amendment Form to do so.

Target Audience

Identify the specific audience(s) the training is targeting. Check all audiences that apply.

Training is primarily targeted towards

Identify the one Level of Learning (*as per the Gateways Registry: Levels of Learning Tool*) that best fits the focus of the training content.

Content will focus on which group(s)?

Identify the groups on which the training content is focused and the groups that will benefit from the knowledge that a participant will gain from attending the training. Check all that apply.

Training Topic Area(s)

Check up to the top 3 topics the training addresses. The topics are organized by categories of early childhood/child development/school-age/youth development topics and professional skills/management/leadership topics. A topic does not need to be identified in each category, but at least one topic must be identified. **Do not check more than 3 topics total.**

Number of Contact Hours of Actual Content Delivery

Report the number of hours of actual content delivery, excluding lunch and breaks. A training must have at least 1 hour of actual content delivery in order to be considered for Registry approval. (*Example: If the training will run for 4 hours with two 15 minute breaks, report 3.5 contact hours.*)

Gateways to Opportunity Content Area(s)

Identify the number of contact hours spent in each applicable content area. An area must be a focus for a **minimum of 1 hour** in order to be counted. The total of these hours should equal the Number of Contact Hours of Actual Content Delivery reported.

CDA Content Area(s)

Identify the number of contact hours spent in each applicable content area. An area must be a focus for a **minimum of 1 hour** in order to be counted. The total of these hours should equal the Number of Contact Hours of Actual Content Delivery reported.

Review for Gateways to Opportunity Credential

Check "Yes" if you wish for the training to also be reviewed for approval toward a Gateways to Opportunity Credential. In order to be considered for approval toward a credential, the training must be at least 7.5 contact hours in length, with a minimum of 7.5 hours dedicated to one Gateways Content Area.

Training Methods

Check "Yes" for all methods of instruction that will be used in this training. A variety of training methods should be used and should be sensitive to the needs of adult learners and appropriate for the content presented.

SECTION 3 – CO-TRAINER INFORMATION

If there will be other Registry-Approved trainers leading this training with you, check "Yes" and provide their information. Their Member ID numbers will need to be included, which they can find on their Membership ID card. Please note, co-trainers will only be approved to train this specific training with you. If they wish to present the training on their own, they will need to complete a Training Approval Application.

SECTION 4 – CONTENT OUTLINE / INSTRUCTIONAL PLAN

A content outline/instructional plan must be submitted in addition to the Gateways to Opportunity Training Approval Application. Registry staff will review this outline to identify whether the training meets Registry standards for approval. Trainers are strongly encouraged to use the Content Outline Template (<https://registry.ilgateways.com/be-a-trainer/training-resources-new>) in order to clearly demonstrate to the reviewers that all of the required components are included. If choosing not to use the template, the content outline must contain all of the components listed.

Title of Training

For reference, submit the title of the training as indicated on the application form. If the training is not in English, submit the title in both English and the appropriate language.

Description of Training

Provide a brief description of the training content. This description should allow prospective participants to get a sense for what they will learn in the training. If the training is not in English, submit the description in both English and the appropriate language. Descriptions cannot exceed 726 characters, including spaces.

Time and Sequence of Agenda

Provide an agenda for the training along with specific time estimates for each part of the agenda. The sequence of events should be logical, consistent and supportive of the objectives.

Reporting Statement

Provide a statement on how you will report Gateways Member attendance within 10 business days of training completion. Indicate if you will provide us with attendance by email, by weekly report, or by alternate means.

Learning Objectives

List the objectives for participants attending the training. At least one objective must be listed. The objectives should be written from the perspective of what the participant will be expected to do after completing the training (e.g. *Participants will be able to . . .*).

Assessment of Learning Objectives

Share how, during the course of your training, participants' progress toward the objectives of the training will be measured. Some assessment techniques include Guided Discussion, Student-led Discussion, Course Forums, Moderated Chat Sessions, Interactive Learning Games Handouts/Web Resources, Case Studies, Hands-on Activities, Group Activities/Projects, Lecture, Graded Quizzes, Feedback Forms, Question and Answer Sessions, Other (please explain).

An assessment method must be specified for each objective listed.

Copy of Evaluation Form or Registry Training Evaluation Form

All Registry approved trainers will have access to a standardized Registry Training Evaluation Form. Trainers must either use this form (*check the box on the application*) or provide a copy/statement of the evaluation component that will be used instead. This should be an evaluation of the training allowing participants to evaluate the effectiveness. Evaluation results will provide the trainer with feedback to adapt or modify the training.

SECTION 5 – DESCRIPTION OF RELATED EXPERIENCE

Provide a brief narrative explanation regarding your specific qualifications to be a trainer on this topic. Qualifications may range from specific training and education to practical experience. This narrative should be considered to be a formal statement of your qualifications. Additionally, please check the number of Distance Learning trainings you have conducted in the past.

SECTION 6 – SIGNATURE

Sign and date the application if you agree to the conditions as outlined on the application.



Gateways to Opportunity Registry Distance Learning Training Approval Application

Trainer Submitted

For questions and additional information about the Gateways Registry please call 866.697.8278 or visit us at www.ilgateways.com

SECTION 1 - TRAINER INFORMATION

Trainer Name: _____

☐ I am currently a Gateways to Opportunity Registry-Approved trainer, my Member ID is: _____

☐ I am not a Registry-Approved trainer and am submitting this for my Trainer Application Package.

SECTION 2 - DISTANCE LEARNING TRAINING INFORMATION

Title of Training: _____

This is a: ☐ Webinar ☐ Online Learning Platform ☐ Hybrid/Cohort Model ☐ Other (explain) _____

Will there be a moderator or facilitator for the training? ☐ Yes ☐ No

Is your distance training: ☐ Self-Paced ☐ Facilitator-Led

Will this be a: ☐ Single Session Training ☐ Multiple Session/Module Training

If multiple, how many sessions or modules are included in this training? _____

Is technical assistance available during the training? ☐ Yes ☐ No

Please list technology requirements needed for participants: _____

Number of Contact Hours of Actual Content Delivery: (excluding lunch/breaks) _____

Training Language: (check one)

- | | | | | |
|-----------------------------------|------------------------------|--------------------------------|-------------------------------|--|
| <input type="radio"/> English | <input type="radio"/> Polish | <input type="radio"/> Chinese | <input type="radio"/> Korean | <input type="radio"/> American Sign Language |
| <input type="radio"/> Spanish | <input type="radio"/> Arabic | <input type="radio"/> Japanese | <input type="radio"/> Russian | |
| <input type="radio"/> Other _____ | | | | |

Target Audience: (check all that apply)

- | | |
|--|--|
| <input type="radio"/> Center-Based | <input type="radio"/> Parents/Relatives |
| <input type="radio"/> Home-Based | <input type="radio"/> Trainers |
| <input type="radio"/> School-Age/Youth | <input type="radio"/> Family Support Staff |
| <input type="radio"/> Administrators | <input type="radio"/> Other _____ |

Training is primarily targeted towards: *(check one)*

☐ Introductory Level

Focuses on basic content, understanding and demonstration of developing skills

☐ Intermediate Level

Focuses on expanding knowledge, application and refining skills

☐ Advanced Level

Focuses on a deep knowledge and mastery of skills and the ability to apply knowledge and skills across multiple contexts

Content will focus on which group(s)?: *(check all that apply)*

☐ Prenatal

☐ Infants *(birth through 14 months)*

☐ Toddlers *(15 months through 23 months)*

☐ Two Year Olds *(24 mos. through 35 mos.)*

☐ Preschool Children *(3 year and 4 year olds)*

☐ School-Age Children *(5-12 year olds)*

☐ Youth *(13-21 year olds)*

☐ Parents

☐ Staff

☐ Administrative

☐ Other _____

Training Topic Area(s): *(check up to the top 3 topics this training addresses)*

ECE, School-Age and Youth-Development Topics

☐ Child Abuse and Neglect

☐ Child Growth and Development

☐ Curriculum – Infant/Toddler

☐ Curriculum – Preschool

☐ Curriculum – School-Age

☐ Curriculum Strategies and Methodologies

☐ Developmentally Appropriate Practice

☐ Early Childhood Theories

☐ Early Literacy, Science, Math, Art or Music *(circle one)*

☐ Guidance and Discipline

☐ Health and Safety

☐ Interactions with Children

☐ Learning Environments *(creating or maintaining)*

☐ Nutrition

☐ Observation, Evaluation and Documentation

☐ Physical Fitness

☐ Play

☐ Research in Brain Development

☐ Special Needs/Inclusion

☐ Standards *(program or learning)*

☐ Other _____

Professional Skills, Management and Leadership Topics

☐ Administration and Supervision

☐ Advocacy

☐ Cultural and Individual Diversity

☐ Family Dynamics and Relationships

☐ Grant Writing

☐ Leadership

☐ Modeling and Mentoring

☐ Professionalism

☐ Program Assessment *(ERS, accreditation, etc.)*

☐ Program Planning and Management

☐ Staff Development and Training

☐ Technology

☐ Wellness

☐ Other _____

Gateways to Opportunity Content Area(s): (Identify the number of hours, **minimum 1**, spent in each applicable area.

Total should equal number of contact hours above.)

_____ (A) Human Growth and Development

_____ (B) Health, Safety and Well-Being

_____ (C) Observation and Assessment

_____ (D) Curriculum or Program Design

_____ (E) Interactions, Relationships and Environments

_____ (F) Family and Community Relationships

_____ (G) Personal and Professional Development

CDA Content Area(s): (Identify the number of hours, **minimum 1**, spent in each applicable area. Total should equal number of contact hours above.)

_____ (1) Health & Safety

_____ (2) Physical/Intellectual

_____ (3) Social/Emotional

_____ (4) Parent Relationships

_____ (5) Program Management

_____ (6) Professionalism

_____ (7) Observing/Recording Behavior

_____ (8) Child Development

Would you like this training to also be reviewed for approval toward a Gateways to Opportunity Credential?

Training must be a minimum of 7.5 contact hours with at least 7.5 hours dedicated to one Gateways to Opportunity Content Area.

☐ Yes ☐ No

- **Early Childhood Education (ECE) Credential** – for child care professionals working with children birth to age 8 who have specific levels of training, education and experience.
- **Infant Toddler Credential** – for child care professionals working with children birth to age 3 who have specific levels of training, education and experience.
- **Illinois Director (IDC) Credential** – for ECE/school-age care administrators who have specific levels of training, education and experience
- **School-Age Credential** – for professionals working with children ages 5–12 years who have specific levels of training, education and experience
- **Youth Development Credential** – for professionals working with youth ages 10–18 years who have specific levels of training, education and experience
- **Family Child Care Credential** – for family child care professionals working with children birth to age 12 who have specific levels of training, education and experience.
- **Family Specialist Credential** – for professionals providing direct services for families with children age birth–21 years who have specific levels of training, education and experience.
- **Technical Assistance Credential** – for professionals acting as a coach, mentor, consultant and/or technical assistance provider for those working with children and youth ages birth to 12 years and their families who have specific levels of training, education and experience.

Training Methods: (Check all that apply)

☐ Audio-video

☐ Case studies

☐ Demonstration and practice

☐ Handouts, printed materials

☐ Independent study

☐ Lecture

☐ Time and Sequence of Agenda (if applicable)

☐ Panel discussion

☐ Role-playing, simulations

☐ Self or program assessment

☐ Group discussion

☐ Visual aids

☐ Other _____



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SECTION 3 - CO-TRAINER INFORMATION

Will there be another Registry-Approved trainer co-training? ☐ Yes (list below) ☐ No

Co-Trainer 1: _____ Member ID: _____

Co-Trainer 2: _____ Member ID: _____

SECTION 4 - CONTENT OUTLINE / INSTRUCTIONAL PLAN

A content outline or instructional plan must be submitted in addition to the Training Approval Application. Trainers are strongly encouraged to use the Content Outline Template (<https://registry.ilgateways.com/be-a-trainer/training-resources-new>) in order to clearly demonstrate to the reviewers that all of the required components below are included. If you choose not to use the template, your content outline must include all of the components listed below.

- Title of Training
- Description of Training
(cannot exceed 726 characters including spaces)
- Time and Sequence of Agenda
- Reporting Statement
- Learning Objectives
- Assessment of Learning Objectives
- Copy of Evaluation Component *or*
☐ I will use the Registry Training Evaluation Form

SECTION 5 – DESCRIPTION OF RELATED EXPERIENCE

Give examples of your skills and knowledge that demonstrate your ability to train on this specific topic. Also, please check the number of Distance Learning trainings you have conducted in the past.

How many Distance Learning trainings have you conducted in the past 3 years? ☐ 0–1 ☐ 2–5 ☐ 5–10 ☐ 10 or more

SECTION 6 - SIGNATURE

By signing below, I agree that: The application and accompanying documents submitted accurately reflect the training content and procedures of the training. I will present the training as submitted in this application. If I make substantial changes in the content and/or procedures of the training, I will submit a new application for training approval. I will submit training sign-in sheets, evaluation summary forms (if appropriate) and other required information to the Registry within ten working days of training completion. I will approve training certificates for only those participants who attend the full training. I agree that the Registry-Approved Training logo and the Training Event ID may only appear on certificates that are given to individuals completing the training in its entirety.

Print Name: _____

Applicant Signature: _____ Date: _____

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

Faxed applications will not be accepted.



Gateways to Opportunity Registry Distance Learning Training Approval Application – Trainer Submitted

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 to participate in the program. I have enclosed:

Enclosed	On File at INCCRRA	
----------	--------------------	--

- | | | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | | Distance Learning Training Approval Application, completed and signed |
| <input type="radio"/> | <input type="radio"/> | Gateways Registry Membership Form and Registry Trainer Supplement Application |
| <input type="radio"/> | | Content Outline/Instructional Plan <i>(as specified in this application)</i> |
| <input type="radio"/> | | Copy of Evaluation Form <i>(if not using Registry Training Evaluation Form)</i> |
| <input type="radio"/> | <input type="radio"/> | Proof of certifications or train-the-trainer qualifications <i>(if applicable to this topic)</i> |

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

Faxed applications will not be accepted.

Gateways to Opportunity Registry Training Options

Types of Trainings	Facilitated <i>(real-time interactions included)</i>	Non-Facilitated <i>(real-time interactions not included)</i>
In-Person	In-person: These trainings are face-to-face and include trainer/participant and participant/participant interactions.	
Distance Learning	<p>Live Webinars: An online method of training which should include at least one participant interaction, such as a live discussion, polling questions, Q&A, or chat session.</p> <p>Online Training Modules: Online Modules are typically housed on a Learning Management System (LMS). At least one component of real-time facilitated participant interactions such as; scheduled live chats, group activities, and instant feedback from facilitator is included in this type of online training.</p> <p>Hybrid: This training method involves a combination of two or more facilitated training types or one facilitated training type and a non-facilitated.</p>	<p>Self-paced Online Training Modules: Online Modules are typically housed on a Learning Management System (LMS). Self-paced modules allow participants to complete training as time allows. There is typically no start or end date to a training. There may be feedback or activity portions included. However, responses from a facilitator and/or other participants will not be immediate. Learning components must be included to assess whether the objectives of the training were met. Some examples include; learning games, case studies, graded quizzes, course forums.</p> <p>Multimedia-based Training: This type of training method is typically presented on a CD-ROM using a variety of multimedia components including audio and video. Participants will review the training material and respond to at least one type of learning component to assess whether the objectives of the training were met. Some examples include; a graded quiz, reflection questions, or feedback form.</p>

Gateways to Opportunity® Registry

Membership Form Instructions

For questions please call 1.866.697.8278 or visit us at www.ilgateways.com.

Before you begin, please read these important notes and instructions about the Gateways Registry Membership Form. A Gateways Registry Membership, will track your education, credentials, and trainings in the Registry database. You can access this information at any time by viewing your Professional Development Record (PDR) online through a secure section of the Gateways website.

If you are applying for the Gateways Registry only, you can apply online at www.ilgateways.com and membership is immediate. If you apply for the Gateways Registry using this paper application, please anticipate a 30 day processing time.

The Gateways Registry Membership is your first step to access all programs and services offered through Gateways. The Gateways Registry Membership Form must be completed by any person who chooses to apply for any INCCRRA administered, Illinois Department of Human Services funded, professional development program. For questions please call 1.866.697.8278 or visit www.ilgateways.com

SECTION 1 – CONTACT / PERSONAL INFORMATION

Please complete all required information in this section. The choice you make under “Please contact me at my,” is where we will send all program communications, certificates, checks, etc.

SECTION 2 – IDENTIFICATION VERIFICATION QUESTIONS

You will be assigned a unique Person ID that is used in our tracking systems and on all communications from INCCRRA. We use that Person ID to ensure that we are entering the correct information into the correct person’s record.

Please complete these questions as they will be used to verify and protect your identity should you ever lose your Person ID.

SECTION 3 – CURRENT EMPLOYMENT

Complete this section only if you are currently in part-time or full-time paid employment in the fields of Early Care and Education, School-Age, Youth Development, or Early Childhood Family Support.

When asked on page 2 for the Position Code, please refer to the box below and write in the **one number** of the position code that best reflects your current job.

Position Codes *(to be used in Section 3)*

Direct Services to Children

- | | |
|---|---------------------------------------|
| 1. Director and/or Administrator (one-site) | 10. Group Family Child Care Provider |
| 2. Assistant Director | 11. Group Family Child Care Assistant |
| 3. Director/Teacher | 12. School-Age Child Care Teacher |
| 4. Teacher | 13. School-Age Child Care Assistant |
| 5. Assistant Teacher | 14. Youth Development Practitioner |
| 6. Teacher Aide (Preschool for All) | 15. Other Direct Service |
| 7. Substitute/Floater | 23. Home Visitor |
| 8. Family Child Care Provider | 24. Home Visitor Supervisor |
| 9. Family Child Care Assistant | |

Indirect Services

- | | |
|---|--------------------------------------|
| 16. Director/Administrator (multi-site) | 20. Education/Curriculum Coordinator |
| 17. CCR&R Staff | 21. Consultant |
| 18. Higher Education Faculty/Staff | 22. Other Indirect Services |
| 19. Trainer | |

SECTION 4 – EDUCATION, CREDENTIALS AND CERTIFICATIONS

Please enter the requested information about any educational degrees you have completed, as well as current and valid professional credentials or certifications you have been awarded.

SECTION 5 – GATEWAYS TO OPPORTUNITY PROGRAMS

Do you want the Gateways Registry to perform a Basic Transcript Review?

A Basic Transcript Review categorizes the college coursework you have taken and will appear on your Professional Development Record as the total number of credit hours you have completed as well as the number of credit hours in ECE/CD, ECE Related, School-Age and Youth Development, and Business/Administration you have completed. **If you check yes, please include your official college transcript(s) in a sealed envelope from the college or university or request official electronic transcript(s) to be sent from your college or university to transcripts@inccrra.org.**

If you are applying for any additional programs the Registry Membership Form must be completed and submitted with a Program Supplement Application for the specific program for which you are applying. **This question allows you to note which program(s) you are applying for and to ensure you submit the correct applications. If the correct program application is not completed it will delay the processing of your application.**

Additional applications are not needed for Registry Membership only.

Gateways to Opportunity® Registry Membership Form

A Gateways Registry Membership will track your education, credentials, and training. You can access this information at any time by viewing your Professional Development Record (PDR) through the Gateways website. Gateways Registry Membership is also the first step to access all programs/services offered through Gateways. This Membership Form must be completed by any person who chooses to apply for any INCCRRA-administered, Illinois Department of Human Services funded, professional development program. For questions, please call 1.866.697.8278 or visit www.ilgateways.com.

SECTION 1 - CONTACT / PERSONAL INFORMATION

First Name: Middle Initial: Last Name:

Previous Last Name:

Gender: (optional) ☐ Female ☐ Male

Race/Ethnicity: (optional) ☐ African American/Black ☐ Hispanic/Latino

Primary Language:

☐ Caucasian/White ☐ Pacific Islander

Secondary Language:

☐ Native American/Alaskan ☐ Multi-Racial

☐ Asian ☐ Other

Home Address:

City: State: Zip: County:

Home Phone: Email Address:

Please contact me at my: ☐ Home Address/Phone (above) ☐ Work Address/Phone (Section 3)

SECTION 2 - IDENTIFICATION VERIFICATION QUESTIONS

You will be assigned a unique Registry Member ID that will be used on all communications from Gateways. Should you lose your ID, please answer the following questions to help us verify and protect your identification and provide you with your ID.

Date of Birth: Mother's Maiden Name:

City and State Where You Were Born:

SECTION 3 - CURRENT EMPLOYMENT

Please complete this section only if you are currently in part-time or full-time paid employment in the fields of Early Care and Education, School-Age, Youth Development, or Early Childhood Family Support. If this does not apply to you, skip this section and continue to Section 4.

☐ I am choosing to skip this section because I am currently not working full-time or part-time in the fields stated above.

Employer Business Name:

Work Site Name:

Work Address:

City: State: Zip: County:

Work Phone: Work Fax:

Type of Program: *(check only one)*

- ☐ Child Care Center ☐ Family Child Care Home ☐ Group Family Child Care Home
☐ Head Start ☐ School-Age/Youth Development Program ☐ Public or Private School
☐ Child Care Resource & Referral (CCR&R) ☐ Other

This program is: *(check only one)*

- ☐ Licensed by IDCFS License Number: ☐ License-Exempt ☐ Not Applicable

Date Employment Began: *(with this employer)* **Current Position Start Date:**

Current Position Title:

Position Code: **Hours Worked per Week:** **Weeks Worked per Year:**
(see instructions)

Hourly Wage: - OR - **Annual Salary:**

Ages of Children You Currently Work With: *(Family Child Care check all that apply, others check only one)*

- ☐ Infant (6 wks – 14 months) ☐ Toddler (15-23 months) ☐ Twos (24-35 months) ☐ Preschool (3-5 years)
☐ School-Age (K-12 years) ☐ Youth (13-21 years) ☐ Not Applicable

SECTION 4 - EDUCATION, CREDENTIALS AND CERTIFICATIONS

Educational Degrees Completed

Type of Degree	Name and Location of Awarding Institution	Major	Month/Year Awarded
High School or GED		Not Applicable	
Associate's Degree			
Bachelor's Degree			
Master's Degree			

Current Valid Professional Credentials and Certifications *(check all that apply)*

Please note that all Gateways to Opportunity Credentials are already on file and do not need to be reported here.

- ☐ Child Development Associate (CDA) Date Awarded: Expiration Date:
☐ Certified Child Care Professional (CCP) Date Awarded: Expiration Date:
☐ Illinois Type 04 Certification Date Awarded: Expiration Date:
☐ Montessori Credential Date Awarded: Expiration Date:

SECTION 5 - GATEWAYS TO OPPORTUNITY PROGRAMS

Do you want the Gateways Registry to perform a Basic Transcript Review?

A Basic Transcript Review categorizes the college coursework you have taken and will appear on your PDR as the total number of credit hours you have completed, as well as the number of credit hours in ECE/CD, ECE Related, School-Age and Youth Development, and Business/Administration you have completed.

If you would like Gateways to perform a free Basic Transcript Review please send official college transcript[s] in a sealed envelope from the college or university, or request official electronic transcripts to be sent from your college or university to transcripts@inccrra.org. Once we receive your transcripts your Basic Transcript Review will be completed and updated on your PDR.

If you are applying for any additional Gateways programs, the matching supplement application (indicated in parentheses) must also be included with the Gateways Registry Membership Form.

- ☐ Gateways to Opportunity Credential (ECE Level 1, ECE, Infant Toddler and Illinois Director Credentials)
 - ☐ Direct Route (Direct Route Credentials Supplement Application)
 - ☐ Entitled Route (Entitled Route Credentials Supplement Application)
- ☐ Illinois Trainers Network (Illinois Trainers Network Supplement Application)
- ☐ Registry Trainer Approval (Registry Trainer Approval Supplement Application)
- ☐ Gateways Scholarship Program (Scholarship Program Supplement Application)
- ☐ Great START (Great START Supplement Application)
- ☐ Gateways Professional Development Advisor Program (no supplement application needed)

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

- | | | |
|--|--|--|
| <input type="radio"/> Center Director | <input type="radio"/> Local Child Care Resource & Referral | <input type="radio"/> Conference/Presentation |
| <input type="radio"/> Mailing | <input type="radio"/> Co-Worker | <input type="radio"/> Professional Development Advisor |
| <input type="radio"/> Provider Association | <input type="radio"/> Website/Social Networking | <input type="radio"/> DCFS |
| <input type="radio"/> Other | <input type="text"/> | |

SECTION 6 - SIGNATURE

I verify that all information provided is true and accurate. I understand that INCCRRA or the Illinois Department of Human Services may use my information for research/evaluation purposes. For more information, please view the Privacy Policy at www.ilgateways.com. I understand that periodically a **limited** amount of my Registry record information may be released to IDCFS, IDHS, OECD and/or my program administrator in order to verify compliance with State requirements and/or ExceleRate Illinois standards. This information would be related to my Registry membership being current; number of training hours completed; and/or status or completion of certain training, formal education or credentials as required by the State and/or ExceleRate.

Print Name:

Applicant Signature:

Date:

☐ Check here if you do not wish for your name to be released for recognition of your participation in Gateways programs.

If applicant is under the age of 18, a parent or legal guardian signature is required below.

Print Name:

Guardian Signature:

Date:

Please use the checklist provided to ensure that you have submitted all of the necessary documents needed to successfully complete this membership form.

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



GATEWAYS TO OPPORTUNITY®
Illinois Professional Development System



Gateways to Opportunity Registry Membership Form Checklist

Enclosed On File at INCCRRA

☐

Gateways to Opportunity Registry Membership Form

Please include the following if you wish for them to be verified on your Registry PDR:

☐☐

Official transcript(s)* of college degree(s) completed (*as reported on the application*)

☐☐

Copies of valid credentials (*as reported on the application*)

☐☐

Copies of valid certifications (*as reported on the application*)

** Please include official college transcript[s] in a sealed envelope from the college or university, or request official electronic transcripts to be sent from your college or university to transcripts@inccrra.org.*

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



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