

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

Name: _____

Gateways Member ID: _____

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

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

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.

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

Registry Trainer Additional Documents

1. Current Resume or Vitae
2. Official College Transcripts
Official transcript(s) of college degree(s) completed are required to apply to be a Registry Trainer. Official transcripts must be received in the original sealed envelope from college/university.
3. Proof of Experience as a Trainer/Adult Education
4. Professional Statement
5. Copies of Valid Credentials or Current Certifications

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 Ave • 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 (<i>optional</i>) |
| ☐ | ☐ | Copies of current certificates (<i>as reported on the Gateways Registry Membership Form/Information Update Form</i>) |
| ☐ | ☐ | Proof of experience as a trainer/adult educator within the last 3 years (<i>e.g. agenda, instructional outline, conference program, etc.</i>) |
| ☐ | ☐ | Official transcripts(s) of college degree(s) completed, sealed in original envelope from college/university |
| | ☐ | Transcripts have been requested and are in route to INCCRRA |

Remember: In order to be considered for approval, you must also submit **ONE** initial training for approval. After you have been approved, you will be able to submit more trainings if desired.

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

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

Information Update Form

SECTION 1 - CONTACT / PERSONAL INFORMATION

The Information Update form is used to update your information. Please fill out the Information Update Form and the corresponding program supplement to participate in a Gateways program. For questions and additional information please call (866) 697-8278 or visit us at www.ilgateways.com.

First Name: _____ Middle Initial: _____

Last Name: _____

Has your name changed in the last 12 months? ☐ Yes ☐ No If yes, list previous name: _____

Person ID/Registry Member ID: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Please contact me at my: ☐ Home Address/Phone ☐ Work Address/Phone (if completing section 2)

SECTION 2 – 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, please skip this section.**

Employer Business Name: _____

Work Site Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Work Phone: _____ Work Fax: _____

Type of Program: (check only one)

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

This program is: ☐ Illinois Child Care Licensed* ☐ License-Exempt ☐ N/A

*If Licensed, License ID number: _____ Licensed Capacity: _____

Date Employment Began: *(with this employer)* _____

Current Position Title: _____ Position Code: _____

(refer to below)

Current Position Start Date: _____

Hours worked per week: _____ Weeks worked per year: _____

Position Codes *(to be used above)*

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 Visitors |
| 8. Family Child Care Provider | 24. Home Visitor Supervisor |
| 9. Family Child Care Assistant | 25. Family, Friend, or Neighbor Caregiver |

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 | |

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

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

SECTION 3 – APPLICANT SIGNATURE

I verify that all information provided in this application is true and accurate. Additionally, I verify that I understand the eligibility requirements of the Gateways Scholarship Program and that INCCRRA may verify information submitted including my employment, enrollment, academic standing and credential status through the Gateways Registry, my employer, and my institution of higher education. I understand that INCCRRA and/or IDEC use my information for research/evaluation purposes. For more information, please view the Privacy Policy at: www.ilgateways.com. I also understand that I will become a member of the Gateways to Opportunity Registry. I understand that periodically a **limited** amount of my Registry record information may be released to IDEC 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:** _____

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

Print Name: _____

Parent/Legal Guardian: _____ **Date:** _____

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

Gateways to Opportunity®

Registry Training Approval Application

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: _____

Gateways Member ID: _____

☐ I am currently a Gateways to Opportunity Registry-Approved trainer

☐ I am applying as a new Registry Trainer

SECTION 2 - TRAINING INFORMATION

Please list the title of the training in the language it will be presented. If the training is not being presented in English, please include the English translation.

Title of Training: _____

Please complete the Training Outline Form/Instructional Plan in English.

Training Language:

☐ English ☐ Spanish ☐ Other _____

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

Type of Training

Please check the types of training you wish to offer as Registry-approved training. Please refer to the chart on Page 4 for different training types.

☐ In-Person ☐ Distance Learning

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	____ (E) Interactions, Relationships and Environments
____ (B) Health, Safety and Well-Being	____ (F) Family and Community Relationships
____ (C) Observation and Assessment	____ (G) Personal and Professional Development
____ (D) Curriculum or Program Design	

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	____ (4) Parent Relationships	____ (7) Observing/Recording Behavior
____ (2) Physical/Intellectual	____ (5) Program Management	____ (8) Child Development
____ (3) Social/Emotional	____ (6) Professionalism	

Level of Learning: *(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

Target Audience: *(check all that apply)*

- | | | | |
|---|-------------------------------------|---|---|
| ☐ Center-Based | ☐ Home Based | ☐ School-Age/Youth | ☐ Administrators |
| ☐ Parent/Relatives | ☐ Trainers | ☐ Family Support Staff | ☐ Other _____ |

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

- | | | |
|--|--|---|
| ☐ Prenatal | ☐ Preschool Children (3 year and 4 year olds) | ☐ Staff |
| ☐ Infants (birth through 14 months) | ☐ School-Age Children (5-12 year olds) | ☐ Administrative |
| ☐ Toddlers (15 months through 23 months) | ☐ Youth (13-21 year olds) | ☐ Other _____ |
| ☐ Two Year Olds (24 mos. through 35 mos.) | ☐ Families/Parents | |

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

ECE, School Age and Youth-Development Topics

- ☐ Brain Development
- ☐ Child Abuse and Neglect
- ☐ Child Growth and Development
- ☐ Curriculum – Infant/Toddler
- ☐ Curriculum – Preschool
- ☐ Curriculum – School-Age
- ☐ Curriculum Strategies & Methodologies
- ☐ Developmentally Appropriate Practice
- ☐ Early Childhood Theories
- ☐ Early Literacy, Science, Math, Art or Music *(circle one)*
- ☐ Guidance and Discipline
- ☐ Health & Safety
- ☐ Interactions with Children
- ☐ Learning Environments *(creating or maintaining)*
- ☐ Mental Health
- ☐ Nutrition
- ☐ Observation, Evaluation and Documentation
- ☐ Physical Fitness
- ☐ Play
- ☐ Research in Brain Development
- ☐ Screening/Assessment
- ☐ Social Emotional Development
- ☐ Special Needs/Inclusion
- ☐ Standards *(program or learning)*
- ☐ Trauma - Informed Care
- ☐ Other _____

Professional Skills, Management and Leadership Topics

- ☐ Administration & Supervision
- ☐ Advocacy
- ☐ Cultural and Individual Diversity
- ☐ Family Dynamics and Relationships
- ☐ Grant Writing
- ☐ Leadership
- ☐ Mental Health Consultation
- ☐ Modeling and Mentoring
- ☐ Professionalism
- ☐ Program Assessment *(ERS, accreditation, etc.)*
- ☐ Program Planning and Management
- ☐ Staff Development and Training
- ☐ Technology
- ☐ Trauma
- ☐ Wellness
- ☐ Other _____

If "Distance Learning" was checked in above, please provide policies for the questions below:

- The technology requirements for the training delivery system utilized are communicated to the participant prior to the training (e.g. system checks are available).
- Technical assistance is available to those participants that may have difficulty with the technology for the training delivery system.
- Provide INCCRRA with guest login and password in order to view a sample online orientation.

Would you like this training to be reviewed for alignment toward a Gateways Competency?

The training should be a minimum of 6 content hours and align with an appropriate Gateways competency. Completion of the Competency Alignment Review Form is required. For additional information, please contact the **Learning and Development** Department at INCCRRA.

☐ Yes ☐ No

Would you like this training to be reviewed for INCCRRA Continuing Education Units (CEU) Credit?

Training must be a minimum of 3 contact hours.

☐ Yes ☐ No

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 - TRAINING OUTLINE FORM / INSTRUCTIONAL PLAN

Training outline form must be submitted in addition to the Gateways to Opportunity Training Approval Application. Please complete and attach the Content Outline Template Handout and submit with your application.

This template can be found at <https://registry.ilgateways.com/be-a-trainer/training-resources-new>. The template is an editable Word document so you may type right on it.

☐ Copy of Evaluation Form ☐ 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. If you have been certified to offer this training, please submit your certificate of approval. If this training is offered through an Authorized Entity, please list the AE.

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: _____

Gateways to Opportunity Registry Training Approval Application

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

- | | | |
|--------------------------|--------------------------|--|
| ☐ | | Training Approval Application, completed and signed |
| ☐ | ☐ | Gateways Registry Membership Form and Registry Trainer Supplement Application |
| ☐ | | Training Outline Form / Instructional Plan (<i>as specified in this application</i>) |
| ☐ | | Copy of Evaluation Form (<i>if not using Registry Training Evaluation Form</i>) |
| ☐ | ☐ | 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

Gateways to Opportunity Registry Training Options

In-Person	In-person: These trainings are face-to-face and include trainer/participant and participant/ participant interactions.
Distance Learning	Hybrid: This training method involves a combination of two or more facilitated training types or one facilitated training type and a non-facilitated. Virtual Training: An online method of training which must include a trainer and participant interaction, such as polling, live discussions, Q&A, and group/chat sessions. Facilitated Online Learning may include but is not limited to live webinars and video conferencing applications (i.e. Zoom, Google Duo, GoToWebinar, Teams, etc.) 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.