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: _____

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

☐ 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			

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 _____

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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*

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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 **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*

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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
☐ Family Child Care Home
☐ Group Family Child Care Home
☐ Head Start

☐ School-Age/Youth Development Program Only
☐ Public or Private School
☐ Child Care Resource & Referral *(CCR&R)*
☐ Other _____

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This program is: ☐ Licensed by Illinois Department of Children and Family Services* ☐ License-Exempt ☐ N/A

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

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

Current Position Title: _____ Position Code: _____

Current Position Start Date: _____ *(refer to below)*

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)
2. Assistant Director
3. Director/Teacher
4. Teacher
5. Assistant Teacher
6. Teacher Aide (Preschool for All)
7. Substitute/Floater
8. Family Child Care Provider
9. Family Child Care Assistant
10. Group Family Child Care Provider
11. Group Family Child Care Assistant
12. School-Age Child Care Teacher
13. School-Age Child Care Assistant
14. Youth Development Practitioner
15. Other Direct Service
23. Home Visitors
24. Home Visitor Supervisor
25. Family, Friend, or Neighbor Caregiver

Indirect Services

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

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 *(N/A)*

SECTION 3 – APPLICANT 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 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 IDCFS, IDHS 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 Ave • Bloomington, IL 61701

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Information Update Form

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:_____

☐ 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

Target Audience: *(check all that apply)*
☐ Center-Based   ☐ Home Based   ☐ School-Age/Youth   ☐ Administrators

☐ Parent/Relatives   ☐ Trainers   ☐ Family Support Staff   ☐ Other_____

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Training is primarily: *(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)*

☐ Families/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

☐ 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 _____

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 *(as specified in this application)*

☐   Copy of Evaluation Form *(if not using Registry Training Evaluation Form)*

☐   ☐   Proof of certifications or train-the-trainer qualifications *(if applicable to this topic)*

> **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.

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