



PITC Trainer Institute Application Submission Process

Prospective applicants should apply one time for the entire four-module training series. Please complete application and submit on-line or by mail to:



Trainer Institute Application
WestEd, Center for Child & Family Studies
180 Harbor Drive, Suite 112
Sausalito, CA 94965

Applications may be submitted at any time throughout the year. First consideration will be given to applications received by the due dates listed in Section 3. Applications received after the due dates will be considered if a last minute cancellation occurs.

Please submit all four sections of this application in order to be considered for review and acceptance into a *PITC* Institute. **Applications will not be reviewed unless all information and agreements are completed, signed and attached.**

- ☐ **Section 1: Applicant Information**
- ☐ **Section 2: Applicant's Statement of Interest to Participate**
- ☐ **Section 3: Enrollment Preferences**
- ☐ **Section 4: For CA Fellowship Applicants Only**
 - Agreement to Complete Certification & Provide Training
 - Agreement from Agency Director (not needed from self-employed applicants)

Please be sure to keep a copy of your application for your records!



Trainer Institute Application

For Administrative Use Only

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| Date Stamp |
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| Postcard Sent Stamp |
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|--------------|
| PITC Region: |
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|-----|
| DB: |
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I am a California Resident:

☐ Yes

☐ No

If yes, I am applying for a California Fellowship:

☐ Yes

☐ No

Section 1: Applicant Information

1. Contact Information: *Please note that your home address will be used as your primary mailing address.*

| | | | |
|---------------------|--|------------------------|--|
| Name | | | |
| Home Address | | | |
| City | | State/Province | |
| County | | Zip/Postal Code | |
| Country | | | |
| Home Phone | | Home Fax | |
| Cell Phone | | Primary E-mail | |

2. Primary Employer/Organization (☐ Please check if self-employed)

| | | | | | |
|---------------------|--|------------------------|--|-------------------|--|
| Company Name | | | | | |
| Job Title | | | | | |
| Address | | | | | |
| City | | State/Province | | | |
| County | | Zip/Postal Code | | | |
| Country | | | | | |
| Direct Phone | | Ext | | Direct Fax | |
| Main Phone | | Ext | | Main Fax | |
| Web Address | | | | | |

3. Please indicate the following for the organization

**Legal Entity Status:
(select one)**

- ☐ City Government
- ☐ County Government
- ☐ State Government
- ☐ Federal Government
- ☐ School District
- ☐ County Office of Education
- ☐ Community College
- ☐ College/University - Private
- ☐ College/University – Public
- ☐ Not-for-Profit
- ☐ Proprietary
- ☐ Church Based

**Program Type:
(select one)**

- ☐ Campus Based Program
- ☐ Child Care Initiative Project (CCIP)
- ☐ Early Head Start (EHS)
- ☐ Early Intervention
- ☐ Family Child Care Network
- ☐ Infant/Toddler Program
- ☐ Migrant Program
- ☐ Resource & Referral Program
- ☐ Teen Parent Program (CAL-SAFE)

**Funding Sources:
(select all that apply)**

- ☐ Full-Fee
- ☐ State/Federal Subsidized
- ☐ Early Head Start
- ☐ Other (please specify): _____

EHS Organization Type (if applicable): (select one)

- | | | |
|--|--|---|
| <input type="checkbox"/> Grantee | <input type="checkbox"/> Research | <input type="checkbox"/> Delegate Agency |
| <input type="checkbox"/> HSQIC | <input type="checkbox"/> Training Facility | <input type="checkbox"/> Affiliate Agency |
| <input type="checkbox"/> DSQIC | <input type="checkbox"/> Administrative Office | <input type="checkbox"/> Regional Office |
| <input type="checkbox"/> Federal Contact | <input type="checkbox"/> Inactive Grantee | <input type="checkbox"/> EHS NRC |

4. Employer/Organization's Fiscal Agency, Umbrella Organization or EHS Grantee: (NOTE: Fill out this section only if different from Primary Organization)

| | | | | | |
|---------------------|--|------------------------|--|-------------------|--|
| Company Name | | | | | |
| Job Title | | | | | |
| Address | | | | | |
| City | | State/Province | | | |
| County | | Zip/Postal Code | | | |
| Country | | | | | |
| Direct Phone | | Ext | | Direct Fax | |
| Main Phone | | Ext | | Main Fax | |
| Web Address | | | | | |

5. Please indicate the following for the organization

Legal Entity Status:
(select one)

- ☐ City Government
- ☐ County Government
- ☐ State Government
- ☐ Federal Government
- ☐ School District
- ☐ County Office of Education
- ☐ Community College
- ☐ College/University - Private
- ☐ College/University – Public
- ☐ Not-for-Profit
- ☐ Proprietary
- ☐ Church Based

Program Type:
(select one)

- ☐ Campus Based Program
- ☐ Child Care Initiative Project (CCIP)
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- ☐ Resource & Referral Program
- ☐ Teen Parent Program (CAL-SAFE)

Funding Sources:
(select all that apply)

- ☐ Full-Fee
- ☐ State/Federal Subsidized
- ☐ Early Head Start
- ☐ Other (please specify): _____

EHS Organization Type (if applicable): (select one)

- ☐ Grantee
- ☐ HSQIC
- ☐ DSQIC
- ☐ Federal Contact
- ☐ EHS NRC
- ☐ Research
- ☐ Training Facility
- ☐ Administrative Office
- ☐ Regional Office
- ☐ Inactive Grantee
- ☐ Delegate Agency
- ☐ Affiliate Agency

6. Languages Spoken

7. Ethnicity: (select one)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Caucasian
- ☐ Mixed Heritage
- ☐ Other: _____

8. Education

| <u>Degree</u> | <u>School</u> | <u>Major</u> | <u># of Units Completed</u> | <u>Completion Date</u> | <u>Currently enrolled?</u> |
|---------------|---------------|--------------|-----------------------------|------------------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

- ☐ Specify Coursework in Infant/Toddler Development:

9. Professional Certification (i.e. CDA, Teaching Licenses, First Aid, etc.)

| <u>Certification</u> | <u>Completion Date</u> (Month/Year) | <u>Currently enrolled?</u> |
|----------------------|--|----------------------------|
| | / | |
| | / | |
| | / | |

10. Employment History

| <u>Position</u> | <u>Employer</u> | <u>City/State</u> | <u>Start Date</u> (Month/Year) | <u>End Date</u> (Month/Year) |
|-----------------|-----------------|-------------------|-----------------------------------|---------------------------------|
| | | | / | / |
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| | | | / | / |
| | | | / | / |
| | | | / | / |

11. Please indicate the setting(s) within the scope of your present job in which you plan to offer *The Program for Infant/Toddler Care* training(s):

12. Briefly describe the content, audience and format of the four most recent infant/toddler trainings you have conducted:

13. If you conduct early childhood trainings other than infant/toddler, briefly describe the content, audience and format of the two most recent sessions you have conducted:

Where did you hear about this training? ☐ PITC Website ☐ Mailing ☐ Email
☐ Colleague ☐ Other

Section 2: Applicant's Statement of Interest to Participate

This response should not exceed two typewritten pages. While it is important to address each area of response, please be as concise as possible. Please staple your statement to Section 4 of your application. **All** of the following items should be addressed:

1. Why are you interested in participating in this training project?
2. How do you plan to utilize the knowledge gained from this experience on an individual and professional basis? How will the training information be disseminated to your childcare community and/or others?
3. Please describe your professional experiences listed in Section 1.



Section 3: Enrollment Preferences

Only one application is necessary for the entire, four-module training series. First consideration will be given to applications received by the due date. However, applications may be submitted at any time throughout the year. Applications received after the due date will be considered if a last minute cancellation occurs.

Rank in order your preference for beginning the training. Put a 1 for your first choice, a 2 for your second choice. Rank only those dates you are able to attend. Modules III & IV may be taken prior to Modules I & II. However, the modules must be taken in pairs. It is preferred that participants will complete the entire four-module training series within a 20-month period.

2011/2012 Institutes

| <u>Modules</u> | <u>Date</u> | <u>Location</u> | <u>Application Due</u> |
|--|--------------------|-----------------|------------------------|
| <input type="checkbox"/> Module III & IV: Learning & Development Culture, Family & Providers | June 19-25, 2011 | Berkeley, CA | April 8, 2011 |
| <input type="checkbox"/> Module III & IV: Learning & Development Culture, Family & Providers | January 8-14, 2012 | San Diego, CA | September 16, 2011 |
| <input type="checkbox"/> Module I & II: Social-Emotional Growth & Socialization, & Group Care | June 2012 | Northern CA | April 13, 2012 |
| <input type="checkbox"/> Module III & IV: Learning & Development Culture, Family & Providers | July 2012 | East Coast | May 11, 2012 |

Section 4: For California Fellowship Applicants Only

Participant Agreement to Complete Certification and Provide Training

I, _____ (print full name of applicant) hereby apply for a fellowship to participate in *The Program for Infant/Toddler Care* Trainer Institutes sponsored by the California Department of Education Child Development Division and WestEd, Center for Child and Family Studies. I certify that all statements made in this application are true and complete.

I agree to complete *The Program for Infant/Toddler Care* Trainer Institutes and all certification requirements within a 20-month period, if possible. I also agree to provide at least 25 hours of *PITC* infant/toddler training during the two (2) years following completion of this training program. I agree to respond to annual survey requests from WestEd/CDD to provide information about the infant/toddler trainings that I have conducted.

Signature of Applicant

Date

Agreement from Agency Director

I understand that my employee, _____, has applied to participate in *The Program for Infant/Toddler Care* Trainer Institutes. I further understand that her/his participation will require her/his attendance at two week-long *Institutes* over the course of 6 months to 18 months, and that she/he will be required to write four training plan certification papers (one per module attended). I also understand that upon completion of the Institutes and certification, she/he is required to provide 25 hours of training on the *PITC* content during the following two years. I pledge to support my employee in this endeavor and to provide the work time needed to complete the certification requirements.

Signature of Agency Director

Date

Title

Organization/Agency Name