

Management Training Program

Train-the-Trainer Application

Training Date: May 13 & 14, 2014

Time: 8:30-4:00

Training Location: ESU #3, 6949 S 110th St., Omaha, NE 68128

Return application by April 30, 2014

Name _____

Agency _____

Work Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Cell Phone _____

Fax _____ E-mail _____

Home Address _____

City _____ State _____ Zip _____

Please circle preferred contact: work or home

*Staff employed at centers with a non-compliance report from the Department of Health and Human Services Child Care Licensing are not eligible for the training-of-trainers.

The Preferred qualifications for Management Training Program Trainers are:

- Has worked as the director of a child care center for at least 3-5 years.
- Has an associate's degree or higher in early childhood care and education.
- Has an understanding of early childhood development.
- Has experience writing and following policies and procedures for child care centers.
- Has worked in an early childhood care and education program with a history of licensing compliance.
- Has experience with budgeting and tracking income and expenses.
- Understands how to work with early childhood care and education teachers, how to support their development, and how to inspire them to deliver high quality care.
- Has at least 3-4 years of experience as a trainer.

1. Describe your involvement with and understanding of managing a child care center.

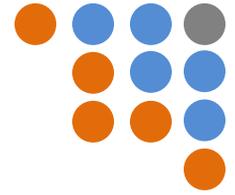
2. Describe your experience training others in early childhood topics.

3. What makes your training effective?

4. Describe why you would like to be considered as a trainer for the Management Training Program and how available you are to do training.

5. Attach a current resume or vita and the Management Training Program Letter of Agreement.

Your application will be reviewed, and if you meet the training qualifications, you will be notified.



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Letter of Agreement

I have read the enclosed materials about the *Management Training Program Train- the -Trainer* and understand my responsibilities as a trainer, along with the personal and professional time commitment necessary for participation. I have discussed this with the organization I represent and/or employer, which is _____, to be sure that they endorse my participation in the delivery of this training.

I agree to:

- Complete the Management Training Program Train the Trainer
- Complete and return all the paperwork required by the Early Childhood Training Center
- Work with the Early Learning Connections Coordinator to promote, coordinate and deliver the Management Training Program
- Deliver at least one Management Training Program training series every 12 months if requested. If unable to fulfill this obligation, I will return all Management Training resources to the Early Childhood Training Center.
- Stay current on any updates made to the Management Training Program Training

Participant Signature and Date

Employer Supervisor Signature (if applicable) and Date

Early Learning Connection Coordinator Signature and Date

For questions contact: Mary Beth Pistillo, 402-557-6893, Marybeth.pistillo@nebraska.gov

Return to:
NDE/Early Childhood Training Center
6949 South 110 Street
Omaha NE 68128
FAX 402-557-6890