



North Dakota Professional Development

## Individual Request for Child Care Training

Occasionally, you may attend a training event that has not been pre-approved for early childhood practitioners and you may wish to have that training approved to count toward licensing renewal hours and/or to be added to your Growing Futures professional development record. These events may be regional or national ECE conferences or in-state presentations offered by non-ECE organizations such as the Public Schools or a medical center. To submit such training for approval, please send required documentation along with this completed form to the Growing Futures Registry office.

NOTE: The Growing Futures Professional Development system is specific to Early Childhood Education. Early childhood is defined as the period of human development from birth to age 8. For training and education to be approved for Career Pathways placement, there must be a direct correlation between the training content and the early childhood period. Training taken for teacher re-certification through Department of Education or the Public Schools, foster care licensing, recertification/licensure for medical and health care staff, parenting classes, and other non-ECE related training is often not applicable to ECE or to the care of young children in group child care settings, just as training for child care license renewal would not be accepted for elementary educator or health care provider re-certification. The Registry reviews these requests on a case by case basis to determine whether the course content has direct application to early care and education. **Submission of this form DOES NOT GUARANTEE that the event you attended will be approved and added to your professional development record.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Apt # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

*(Please provide a personal email address registered in your name. General company email addresses are not accepted)*

Last Five Number of Social Security \_\_\_\_\_

Birth Date \_\_\_\_\_

Growing Futures Registry membership date \_\_\_\_\_

Growing Futures Career Pathways Category: A B C D E F G H I J

**1. Please complete the following if the training event is listed as an **Automatically Accepted ECE Training** (list available at [www.ndgrowingfutures.org](http://www.ndgrowingfutures.org))**

Name of Event _____	
Date(s) of Event _____	
Sponsoring Organization _____	
Number of clock hours being requested for approval _____	
<b>ND Core Competency content areas that apply:</b>	
<input type="checkbox"/> Competency Area I: Child Growth and Development	<input type="checkbox"/> Competency Area V: Families and Communities
<input type="checkbox"/> Competency Area II: Learning Environments and Curriculum	<input type="checkbox"/> Competency Area VI: Health, Safety, and Nutrition
<input type="checkbox"/> Competency Area III: Assessment and Planning for Individual Needs	<input type="checkbox"/> Competency Area VII: Program Planning and Evaluation
<input type="checkbox"/> Competency Area IV: Interactions with Children	<input type="checkbox"/> Competency Area VIII: Professional Development and Leadership
<b>Submit the following documentation along with this completed form:</b>	
<ul style="list-style-type: none"> <li>• Photocopy of the Certificate of Completion or other official verification of your attendance at and completion of this training event. Certificate or documentation must clearly show:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Your name</li> <li><input type="checkbox"/> The name of the event</li> <li><input type="checkbox"/> Date(s) of the event</li> <li><input type="checkbox"/> Sponsoring organization</li> <li><input type="checkbox"/> Number of clock hours you were awarded for attendance</li> </ul> </li> </ul>	

- 2. Please complete the following if the training event is:**
- a. **NOT** listed as an **Automatically Accepted ECE Training** (list available at [www.ndgrowingfutures.org](http://www.ndgrowingfutures.org))
  - b. **DID NOT** appear on the Growing Futures online calendar of approved training.

Name of Event _____		
Date(s) of Event _____		Number of clock hours being requested for approval _____
Sponsoring Organization _____		
Contact for Sponsoring Organization _____		
<b>Target Audience for the Event:</b> _____ Child Care Providers _____ Child Care Directors & Administrators _____ Preschool Teachers / Staff _____ School-aged Teachers / Staff _____ Elementary Teachers _____ Special Education Teachers _____ Other (please specify) _____	<b>Training Content Applies to Children Ages:</b> _____ Infants _____ Toddlers _____ Preschool-aged _____ Kindergarten _____ Grades 1-3 _____ Other (please specify) _____ _____	Describe how the event topic and content specifically applies to the care and education of young children in group child care settings:
<b>ND Core Competency content areas that apply:</b>		
<input type="checkbox"/> Competency Area I: Child Growth and Development	<input type="checkbox"/> Competency Area V: Families and Communities	
<input type="checkbox"/> Competency Area II: Learning Environments and Curriculum	<input type="checkbox"/> Competency Area VI: Health, Safety, and Nutrition	
<input type="checkbox"/> Competency Area III: Assessment and Planning for Individual Needs	<input type="checkbox"/> Competency Area VII: Program Planning and Evaluation	
<input type="checkbox"/> Competency Area IV: Interactions with Children	<input type="checkbox"/> Competency Area VIII: Professional Development and Leadership	
<b>Submit the following documentation along with this completed form:</b>		
<ul style="list-style-type: none"> <li>• Photocopy of the Certificate of Completion or other official verification of your attendance at and completion of this training event. Certificate or documentation must clearly show:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Your name</li> <li><input type="checkbox"/> The name of the event</li> <li><input type="checkbox"/> Date(s) of the event</li> <li><input type="checkbox"/> Sponsoring organization</li> <li><input type="checkbox"/> Number of clock hours you were awarded for attendance</li> </ul> </li> <li>• Photocopy of the event brochure or other promotional materials showing description of event and registration information</li> </ul>		