



The Path to Brighter Futures.

Request for Training Approval NON-TRADITIONAL

This form is intended to be completed by an organization or agency that has developed a non-traditional training that will be made available on a widespread basis.

Non-traditional training is defined as training that is typically offered through independent study and is primarily self-paced (i.e. does not have a start/end date, is not offered in a traditional classroom setting, does not typically involve face to face interaction, etc.). These trainings are not-for-college-credit and include modules, correspondence classes and Internet courses.

This form is **NOT** to be used if:

- You are a child care center that has purchased training materials (developed by an organization or agency other than your own) for your staff to complete individually.
- You are an individual interested in obtaining training hours for completing self-paced, stand-alone, training materials (i.e., books, videos, articles, etc.).



TRAINING APPROVAL CRITERIA

NON-TRADITIONAL

Child care training hours will be granted when the following criteria have been met:

Non-traditional trainings (modules, correspondence classes, and Internet courses) must be developed by, and affiliated with, a reputable ECE-related organization/agency in order to be considered for approval.

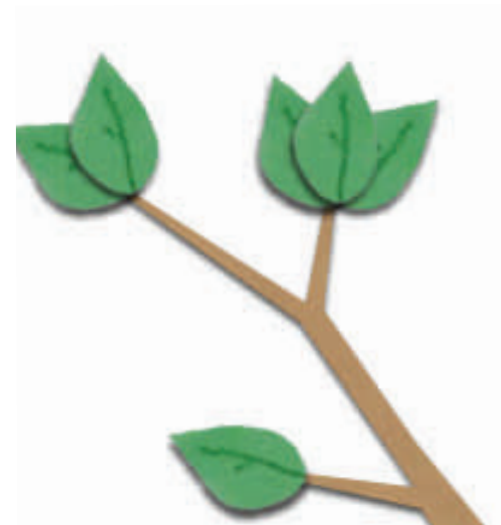
Before a Trainee Signs Up

- ★ A separate Request for Training Approval Form must be submitted for each individual training topic and must be completed in full. *If requesting approval for multiple modules or courses, please make copies of the pages that follow prior to completion and submit a separate form for each individual module or course.*
- ★ All training must be approved by the Registry office regardless of the format of training.
- ★ The Registry office must approve each non-traditional training prior to it being offered for child care training hours. *Requests received after the material has already been offered will not be approved.*
- ★ Training requests must be for a minimum of one hour of training.
- ★ The training topic must fit within one of the seven established Core Knowledge Areas (Human Growth and Development, Positive Interactions and Guidance, Observation and Assessment, Environment & Curriculum, Health, Nutrition & Safety, Family & Community Relationships, Leadership & Professional Development, and Management & Administration).
- ★ The topic and content must clearly relate to Early Childhood Education (i.e. is related to child development and the direct care of children 0 – 8 years of age, is based on developmentally appropriate practice and theories of child development, supports the practical application of information provided, can be realistically used in the participant's work, etc.)
- ★ Participants must be able to communicate directly with a trainer or agency contact via the telephone, email, discussion, etc.
- ★ Training requests must indicate how participants will be evaluated (i.e. assignments, pre/posts, etc.).
- ★ Training summary must clearly indicate the content of the training.
- ★ The rationale for the number of training hours being requested must be clearly indicated (i.e. a breakdown of the estimated time it should take to read materials, complete assignments, etc.).



Following Completion of the Material/Course

- ★ A Certificate of Completion must be provided to the trainee following successful completion of the materials. Certificates must state that the training has been approved by *The Nevada Registry*, the number of child care training hours received as well as *The Nevada Registry* approval code.



Request for Training Approval - NON-TRADITIONAL TRAINING

I. Agency/Organization (responsible for the development of the non-traditional training)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Website Address: _____

Business Phone Number: () _____ Business Fax: () _____

Agency Contact: _____

E-mail Address of Agency Contact (*required*):
Please provide a personal email address that has been registered in your name. General company email addresses will not be accepted.

II. Type of Training (please choose only one)

Check the type of training for which you are seeking approval (*if requesting approval for multiple modules/courses, please make copies of this application prior to completing and submit each separately*):

- Modules
 Internet courses (not for college credit)
 Correspondence classes (not for college credit)
 Other: _____

III. Course/Module Approval Request

Course/Module Title: _____

Has this training previously been approved by the Registry? Yes No Previous Approval Code: _____

Number of Training Hours Being Requested: _____ (*Minimum of 1 hour*)

Is Pre-Registration Required? Yes No Is there a cost? Yes No If yes, cost of training: \$ _____

Rationale for Number of Training Hours Being Requested

To help the Registry evaluate this training, please provide a breakdown, by activity, (i.e. reading, assignments, etc.) of the estimated time it should take an individual to complete this training (*in other words, the basis for the number of hours requested*).

Level of Experience	Content focuses on what Age Group(s)?	Delivery Methods
<input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	<input type="checkbox"/> Neonatal <input type="checkbox"/> 0 to 1 <input type="checkbox"/> 1 to 3 <input type="checkbox"/> 3 to 5 <input type="checkbox"/> 5 to 8 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Video <input type="checkbox"/> Self-Study Guide <input type="checkbox"/> Tests <input type="checkbox"/> Independent Activities/Assignments <input type="checkbox"/> Discussions and/or Chat Rooms <input type="checkbox"/> Other: _____
Target Audience		
<input type="checkbox"/> Caregivers/Teachers <input type="checkbox"/> Administrators <input type="checkbox"/> Trainers <input type="checkbox"/> Parents <input type="checkbox"/> Other: _____		

Training Core Knowledge Area (CKA)

Select the CKA that will be the **primary** focus of the training. *Please check only one.*

Human Growth and Development Environment & Curriculum
 Positive Interactions and Guidance Health, Nutrition and Safety
 Observation and Assessment Family and Community Relationships
 Management & Administration Leadership & Professional Development

Training Summary (Provide a brief summary of the content that will be covered).

Note: This is what visitors to the online calendar of approved events will initially see when searching for training.

How Can this Material be Accessed?

- Internet. URL: _____
 In-Person (e.g., libraries, universities, resource & referral agencies, etc)
 Mail
 Other: _____

IV. Contact Person/Trainer Name

Name: _____	Title or Position: _____
Registry ID (if applicable): _____	
Phone Number: () _____	Email Address: _____
Education Level: <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree	
Focus area (or major) of highest level of education obtained: _____	

V. Registration Contact (if different than above)

Name: _____	Title or Position: _____
Phone Number: () _____	Email Address: _____

VI. Communication with Participant

- Please check all that apply:
- Correspondence by mail
 E-mail correspondence
 Telephone correspondence
 Online discussions and/or chat sessions with instructor.
 Other: _____

VII. Evaluation of Participant

- Please indicate how participant's learning will be assessed or evaluated:
- Quizzes and/or tests
 Written assignments
 Oral evaluation
 Other: _____

Note:

- Training approval codes are specific to the topic and must be included on Certificates of Completion.
- Submit one Request for Training Approval form for each training module, correspondence class or internet course.
- Approval codes issued for non-traditional trainings are effective for one year (applies to this type of training only). At the end of 12 months, you will be asked to update each training with the Registry to receive a new approval code for the next 12 months.

ATTENTION:

A separate form must be completed for each individual module, correspondence class or Internet course.

This applies in all cases, even when material is being offered by the same agency and/or by the same individual.

Please make copies of this form prior to completion.