

Approved Trainer RENEWAL

Trainer renewals are required every two years. The trainer will be required to submit renewal information, course catalog profile, trainer agreement, professional documentation, an application fee of \$100.00, and continuing education information. Continuing education hours are as follows: AA Degree – 15 hours; Bachelor’s Degree – 10 hours; Master’s Degree or above – 5 hours.

Course Catalog Profiles have been developed on existing trainers. This document is to be reviewed and the content updated. New training topics may be added to the profile at this time. New topics will be reviewed for approval. 100% of the profile must be completed for the document to be processed.

Upon receipt, the application will be reviewed for required content based on the request of professional documentation required in the application packet. All applicants will be notified of receipt of the application. Any application needing additional information will be notified at that time. NOTE: Expertise in the area of the training topic must be documented.

When the process is completed, approved trainers will receive a trainer certificate (with a unique trainer number) and a training certificate for use in all approved trainings. The training certificate must be issued to each participant that attends approved trainings.

All trainer renewals are being sent by e-mail. The following process is to be followed:

- Print and complete the application in this packet.
- Mail the completed application along with the fee to:

Mail all documents to:
Mississippi State Department of Health
Attn: Carol M. Bishop, CCFI I
Child Care Licensure
P.O. Box 1700
Jackson, MS 39215-1700

The \$100.00 application fee is due at the time you submit your renewal

- Review and update the Course Catalog Profile online. If no changes are needed, send an email to carol.bishop@msdh.ms.gov stating, “No changes needed.” If changes are needed, complete the attached trainer profile spreadsheet and send back to carol.bishop@msdh.ms.gov. The course catalog must be completed online. Do not save it as a PDF. The use of the term “various” is no longer acceptable.



Child Care Licensure

Professional Development Trainer Application



PLEASE PRINT CLEARLY
Complete ALL sections clearly and completely in ink only.

RENEWAL

Print name as you want it to appear on all correspondence and certificates.

GENERAL INFORMATION

Name _____ Date _____
Mailing Address _____ Apt. # _____
City _____ State _____ Zip _____ County _____
Home Phone _____ Cell Phone _____
Work Phone _____ Email Address _____
Other last names used that could be on documents (i.e. Maiden name) _____

EDUCATIONAL BACKGROUND (Check all that apply): **Due to the changes in the process, current transcript(s), from all schools attended, are to be submitted with this renewal.**

- Associate's Degree in _____ Issue date: _____
 Bachelor's Degree in _____ Issue date: _____
 Master's Degree in _____ Issue date: _____
 Other _____ Issue date: _____

WORK EXPERIENCE: List three employment experiences that **relate** to the trainings you are providing.

Facility Name _____
Address _____
Position Held _____
Dates of Employment _____
Supervisor's Name and Contact Number _____

Facility Name _____
Address _____
Position Held _____
Dates of Employment _____
Supervisor's Name and Contact Number _____

Facility Name _____
Address _____
Position Held _____
Dates of Employment _____
Supervisor's Name and Contact Number _____

PROFESSIONAL DOCUMENTATION

The following documentation must be submitted with the initial application. Please note that information you submit on the trainer application will be verified via supporting documentation you submit with your application.

- ___ Photocopy of a transcript, for all degrees and schools attended, from a regionally accredited college or institution indicating coursework and degree conferred.
- ___ Professional resume with complete professional work experience as it relates to the training topics being offered.
- ___ Two signed professional letters of recommendation that reference your **ability as a trainer** (not an employee) to include information about past trainings conducted.
(For renewals, submit only if the information has changed from your previous application)
- ___ Documentation of continuing education hours in the field of early care and learning or area of training offered and adult education as follows (for renewals):
___ Associates degree – 15 hours, ___ Bachelor's Degree – 10 hours, ___ Master's/Doctoral Degree – 5 hours

DO NOT mail originals of educational verification.

DO NOT Fax this form – an original signature is required.

Incomplete applications will delay your acceptance.

Mail all documents to:

Mississippi State Department of Health
Attn: Carol M. Bishop, CCFI I
Child Care Licensure
P.O. Box 1700
Jackson, MS 39215-1700

**A non-refundable application fee of \$100.00 must be submitted along with renewal application.
Checks should be made out to MSDH Child Care Licensure.**

IMPORTANT: A sample training certificate template is included with this packet. Certificates can be formatted in any manner, but the information listed on the template must also be included on any certificate issued to participants in order to receive contact hour credit.

I certify that the information on this application is complete and accurate to the best of my knowledge.

Print Name _____ Date _____

Signature _____



Please initial at beginning of each statement to indicate agreement.



_____ I understand that any training that is offered cannot contradict any of the rules established by the MSDH Regulations Governing Licensure of Child Care Facilities. Training may reflect best practice provided the minimum standards established by the Regulations are met.

_____ I agree that the application submitted accurately reflects the training content and number of hours.

_____ I agree to cite references for all information used and adhere to copyright laws.

_____ I understand that the MSDH issued certificate must be used when conducting any approved training.

_____ I understand a training certificate cannot be distributed to anyone who does not attend the full training or anyone who arrives more than 15 minutes late or leaves early. I understand no blank training certificates will be issued.

_____ I understand that certain trainings, Child Care Regulations, Playground Safety, and Directors Orientation, may only be provided by the Mississippi State Department of Health – Child Care Licensure Division.

_____ I understand trainings are approved for two (2) years. As new training topics are developed, they must be submitted for approval.

_____ I understand my trainer code is unique to my trainings and me. This code is only to be used on my certificates for training approved by the Mississippi Department of Health, Child Care Licensure Division.

_____ As a state approved trainer, I agree to conduct myself in a manner that will enhance the integrity of the early childhood care and education field.

_____ I understand that a representative from Mississippi State Department of Health, Child Care Licensure Division, may randomly monitor any state approved training for quality control purposes with or without notice, at no charge to MSDH.

_____ I understand that participant sign-in sheets with Training Name, Trainer Name, Date, Location, and Hours of credit must be maintained for one year.

If a state approved trainer is found in breach of his/her signed trainer agreement, the authority to provide state approved training shall be removed for a time limit decided by Mississippi State Department of Health, Child Care Licensure Division. A permanent withdrawal of trainer/training approval status may be instituted by Mississippi State Department of Health, Child Care Licensure Division. Examples of breaches and revocation periods are as follows:

- Submitting a training that has been plagiarized and/or not authored by you (one-year training probation)
- Presenting a training as state-approved, when it is not state-approved (one-year training probation)
- Awarding more hours of state-approved credit to an individual or individuals than what was actually provided (permanent trainer/training probation)
- Distributing a certificate of state-approved training to someone who did not attend the training (permanent trainer probation)

After a probationary period, the trainer is required to apply as a new trainer and must meet all qualifications and sign a new trainer agreement.

I understand that violation of any of the above statements may place approval of this and/or future training approval applications in jeopardy.

Trainer Signature

Date

Training Categories

Administration:

Training designed to ensure effective methods and principals of administration and supervision of early childhood programs.

Topics include but not limited to: Quality Early Childhood; Federal Regulations; State Regulations; Responsibilities of a Quality Leader; Philosophy Development; Parent Handbook; Organizational Structures; Licensing and Regulations, Directors Orientation (offered by MSDH only); Budgeting; Funding Sources; Marketing; Evaluating Center Components; Ethics, Linkage with Community Services, Communications and Relations with Families, Advocacy for Early Childhood Programs and Professional Development.

Health, Safety, and Nutrition:

Training designed to ensure the physical, mental health, nutrition, and safety of both children and staff in the child care setting.

Health topics include but not limited to: Health Education in the Classroom; Daily Health Checks; Observation as a Screening Tool; Conditions Affecting Children's Health; Immunizations; The Infectious Process and Environmental Control; Communicable Diseases; Acute Illness: Identification and Management; CPR/First Aid; Child Care Regulations (offered by MSDH only)

Safety topics include but not limited to Guidelines for Safe Environments, Safety Management, Management of Injuries and Acute Illnesses, Child Abuse and Neglect and Safety Education, Transportation, Emergency Preparedness, Medication Administration, and Playground Safety (offered by MSDH only)

Nutrition topics include but not limited to Planning and Serving Nutritious and Economical Meals based on MSDH standards; Infant Feeding, Feeding Toddlers, and Young Children; Food Safety and Nutrition Education. Young child categories include food allergies and food allergy plans of action.

Infant and Toddler: Information concerning the care and development of infants and toddlers (from birth through the first year). Emphasis will be placed on the care of children in a group setting and state developmental benchmarks or early learning standards.

Topics include but not limited to: language development, literacy, mathematics, science, physical, social and emotional, special needs, technology, planning learning activities, and guidance and discipline

Two Year Old: Information concerning the care and development of two-year-olds (12 months to 24 months).

Emphasis will be placed on the care of children in a group setting and state developmental benchmarks or early learning standards.

Topics include but not limited to: language development, literacy, mathematics, science, physical, social and emotional, special needs, technology, planning learning activities, and guidance and discipline.

Preschool: Information concerning the care and development of preschoolers from three to entry into school. Emphasis will be placed on the care of children in a group setting and state developmental benchmarks or early learning standards.

Topics include but not limited to: language development, literacy, mathematics, science, physical, social and emotional, special needs, technology, guidance, and discipline and Preschool to Kindergarten transition.

Afterschool: Information concerning the care and development of school-age children from kindergarten to age 12.

Emphasis will be placed on the care of children in a group setting and state developmental benchmarks.

Topics include but not limited to: language development, literacy, mathematics, science, physical, social and emotional, special needs, technology and guidance, and discipline.

Sample

Certificate of Training

Certifies That

Name of Participant

Attended

Name of Training (as listed on course catalog)

Completed ___ Hours of Staff Development

On

Date of Training: Month- Day - Year

This certificate certifies that this training has been approved by the Mississippi State Department of Health and is being presented by an approved trainer.

Training certificates must be retained for permanent record

Signature

Trainer Name
Trainer Phone Number
Trainer Email Address

Instructions for MSDH Form 1120, How to Become an Approved Professional Development Trainer Registration Renewal

Revision Date

11-05-18

Purpose

This form was created to provide a means for applicants to register to become approved by the MSDH Child Care Licensure Division to offer professional development training to child care providers.

Instructions

1. Complete General Information by providing the following information:

Name:	Name of applicant as it will appear in course catalog
Date:	Date application is completed
Mailing Address:	Address all correspondence is to be sent to
City:	City of mailing address
Zip:	Zip Code of mailing address
County:	County of residence
Phone:	Including area code, list home, cell and work phone numbers
E-mail address:	List e-mail address as it will appear in the course catalog
Other Names:	i.e. – maiden name

2. Complete Educational Background by providing all degree areas that apply and submit a transcript for each school attended.

3. Complete Work Experience by providing facility name, address, position, dates of employment and supervisor of three (3) employment experiences that relate to the trainings you are requesting to provide.

4. Provide all required Professional Documentation by using a checklist to ensure all Professional Documentation will be properly submitted which includes:
 - Transcript – Provide copies of official transcripts for all degrees and schools attended. (Must be from an accredited college or institution indicating coursework and degree conferred.
 - Resume – Professional resume with current and past education and work experience
 - Letters of Recommendations – Two letters of recommendations that reference your ability as a trainer (not an employee) to include information about past trainings conducted.
 - Documentation for any continuing education hours in the field of early care and learning and adult education.

5. Review Training Certificate Requirements: All approved trainers must provide a training certificate. All training certificates must include the following:
 - Name of Participant
 - Name of Training
 - Number of Staff Development Hours
 - Month, Day and Year of training
 - Statement saying: “This certificate certifies that this training has been approved by the Mississippi State Department of Health and is being presented by an approved trainer” and “This certificate must be retained for permanent records.”
 - Signature: Trainer original signature
 - Trainer Information: Trainer name typed below signature, Trainer phone number, Trainer e-mail address.

6. Read and initial at the beginning of each statement to indicate agreement with requirements of approved trainers.
7. Sign and date application.
8. Submit Application along with non-refundable application fee. Checks are to be made to MSDH Child Care Licensure.
9. Submit application and professional documentation, with original signature to:
Mississippi State Department of Health
Child Care Licensure
Attn: Carol M. Bishop, CCFI I
P.O. Box 1700
Jackson MS 39215-1700

Receipt of Application: Upon receipt of your application, a review will be conducted. An e-mail letter will be sent to you acknowledging receipt or requesting additional information. An e-mail trainer profile will be sent at that time requesting information about training topics that you are interested in providing.

All information will be returned to carol.bishop@msdh.ms.gov within the time specified in the letter.

Office Mechanics and Filing

Application will be retained electronically.

Retention Period

Records will be retained for two (2) years from date of the approval of a renewal application.