

Montana Early Childhood Project



Early Care and Education Career Development

Individual Request for Training Approval

Please use this form if you have already attended a training event that was not approved through the Montana Training Approval System and are seeking approved training hours for use towards child care licensing, the Practitioner Registry, and/or Merit Pay. Do not use this form to document college credit (that is done with copies of college transcripts). Attach an agenda or flyer of the event to verify the content and hours of the training. Have the instructor sign this form to verify attendance or attach a signed certificate of completion that includes date and hours. If approved, the ECP will add these hours to your online training record (www.mtecp.org) and return a signed copy of this form to you for your records. This form must be submitted within three months of the event.

Applicant

Name: _____ Today's Date: _____
PS# (if licensed/registered): _____ Birth Date: _____ Last 5 digits of your SS#: _____
Home Phone: _____ Work Phone: _____ Email: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Training Sponsor

Sponsoring Agency: _____
Phone Number of Agency: () _____ Contact Person: _____

Instructor

Name of Trainer: _____
Job Title: _____ Agency: _____

Training Event

Title of Training: _____
Start Date: _____ End Date: _____ Location: _____
Total Hours of Instruction Time (must be at least two hours): _____

Signatures

Instructor: _____ Date: _____
Applicant: _____ Date: _____

ECP Approval: _____ Date: _____

Knowledge Base Area (to be assigned by ECP): Personal Dispositions Health, Safety, Nutrition
Child Growth & Development Cultural & Developmental Diversity Environmental Design Child Guidance
Professionalism Curriculum Family & Community Partnerships Program Management Observation & Assessment

