

Montana Early Childhood Project



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. 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. To review the MT Early Care & Education Knowledge Base, visit www.mtecp.org or contact us.

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: _____

Is the trainer/instructor a MT Professional Development Specialist? (circle one) Yes No What level? I, II, III

Training Event

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

Justification

Please indicate which Knowledge Base content area this training addressed: _____

How will this training help you in your work with young children and families: _____

Signatures

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

For office use only: Knowledge Base – Personal Dispositions; Health, Safety, Nutrition; Curriculum; Professionalism; Child Guidance; Child Growth & Development; Program Management; Observation & Assessment; Cultural & Developmental Diversity; Family & Community Partnerships; Environmental Design
ECP Approval: _____ Date: _____