



**REQUEST FOR IN-SERVICE TRAINING APPROVAL FOR CLOCK HOURS**

To obtain clock hour approval, complete all information on this form **at least three months prior to the scheduled training date**. Applications that are submitted with less time prior to the training date are not guaranteed to receive approval prior to the training date. Complete a separate application for **each** learning activity. Do not submit requests for training that have been approved for Early Childhood CEU's. Please **print** or **type** all information. **Incomplete applications will be returned and will delay the review process.**

**Sponsoring Agency/Organization Information**

Name of Sponsoring Agency _____		Address of Sponsoring Agency _____		
( ) _____ Telephone	( ) _____ Fax	City _____	State _____	Zip _____
Contact Person _____		E-mail _____		

**Instructor/Trainer Information**

\_\_\_\_\_  
**Instructor: First and Last Name**

\_\_\_\_\_  
**Current Employer**

\_\_\_\_\_  
**Job Title**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**                      **State**                      **Zip**

( )                                      ( )

\_\_\_\_\_  
**Telephone**                                      **Fax**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Degree/Certificate/Credential (if any)**

\_\_\_\_\_  
**Professional Experience Relevant to Topic**

\_\_\_\_\_  
**Co-Instructor/Trainer: First and Last Name**

\_\_\_\_\_  
**Current Employer**

\_\_\_\_\_  
**Job Title**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**                      **State**                      **Zip**

( )                                      ( )

\_\_\_\_\_  
**Telephone**                                      **Fax**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Degree/Certificate/Credential (if any)**

\_\_\_\_\_  
**Professional Experience Relevant to Topic**



**Brief Description of Training** including the objectives (may include additional information on the back or attach pages):

Objectives:

Description: **(Please specify how this training will apply directly to child care providers in their day care homes/centers.)**

**Specify the target audience (check all that apply):**

Licensed day care home/group day care home provider and staff

**Center based staff**

infant

toddler

preschool

school age

**Center Based Administration/Program Director**

Other \_\_\_\_\_

**Please check one content area relating to the primary objective of the learning activity** using the Core Competencies for Early Care and Education Professional in Kansas and Missouri:

Child Growth & Development

Learning Environment and Curriculum

Child Observation and Assessment

Families and Communities

Health, Safety, and Nutrition

Interactions with Children

Program Planning and Development

Professional Development and Leadership

**Check the knowledge or Skill Level of the Target Audience:**

Level 1 skills or knowledge expected of an early care and education professional new to the child care field, with minimal specialized education and training.

Level 2 includes level 1 plus skills or knowledge commensurate with DCA credential in Child Development or equivalent education or training.

Level 3 includes level 1 and 2 plus skill or knowledge commensurate with an associate's degree in early childhood or child development.

Level 4 includes levels 1, 2, and 3 plus skills or knowledge commensurate with bachelor's degree in early childhood or child development.

Level 5 includes levels 1, 2, 3 and 4 plus skills or knowledge commensurate with an advanced degree in early childhood or child development, understanding that at this level early care and education professionals are increasingly specialized.

**Check the method used to determine learner competency:**

No Determination  Exam/Test  Observation of Skills  Project Review

**Assurances:**

- 1) As the sponsor and/or trainer of the learning activity/training. I am responsible for the quality of the learning activity/training, qualifications of the instructors/trainers, supervision and documentation of the content and clock hour certificates for learners.
- 2) As the sponsor and/or the trainer of the leaning activity/training, I understand that the training content must not be in conflict with Kansas child care statutes and regulations.
- 3) As the sponsor and/or trainer of the learning activity/training, I will allow the Kansas Department of Health and Environment (KDHE), Child Care Licensing Program access to my documentation of approved learning activities.
- 4) As the sponsor and/or the trainer of the learning activity/training, I will be responsible for assuring that Certificates of Completion documenting attendance will not be issued to learners who have not completed the learning activity/training. Certificates are not to be awarded for partial attendance.
- 5) **As the sponsor and/or the trainer of the learning activities/training, I will not advertise that learning activities are approved by KDHE prior to obtaining written approval. I may advertise an approval has been requested.**

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Signature of the Authorized Representative for the Sponsoring Agency Date

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(MM/DD/YYYY)

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Signature of Instructor/Trainer Date

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(MM/DD/YYYY)

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Signature of Instructor/Trainer Date

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(MM/DD/YYYY)