



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 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. If approved, the ECP will add these hours to your online training record (www.mtecp.org) and put the original in your file. This form must be submitted within **THREE MONTHS** of the event. To review the MT Early Care and 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: _____
ECP Approval: _____ Date: _____

Knowledge Base Area (to be assigned by ECP): Personal Dispositions Health and Well-Being, Child Growth & Development, Diversity, Environmental Design, Child Guidance, Professionalism Curriculum, Family & Community Partnerships, Program Management, Observation, Documentation & Assessment,