

## **How to Become an Approved Professional Development Trainer**

Individuals interested in providing staff development training to the staff of licensed child care facilities in Mississippi must be approved by the MSDH Child Care Facilities Licensure Division. Approval must be received before the offering of any training. The application packet includes the following items: Trainer Application Form, Trainer Agreement, and Training Outline Form.

Upon receipt of all applications, the application will be reviewed for required content information based on the professional documentation requested 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.

Applications are reviewed by MSDH Licensure Staff. Trainers/training approval is based on education and experience in the field of early care and learning, or other areas pertinent to the needs of child care providers. Preferred requirements for approval are an Associate's Degree and five years of experience; a Bachelor's Degree and three years of experience; or a Master's Degree or above and two years of experience.

Approved trainers will be sent a Course Catalogue Profile that must be completed, submitted, and approved by MSDH Child Care Licensure Staff before any training can be provided. **All training topics must be approved by the MSDH Child Care Licensure Staff, with no exceptions allowed.**

Approved trainers will be notified by letter of acceptance along with an MSDH Approved Professional Development Trainer Certification. A list of approved training will be included with the acceptance letter and training certification.

Trainers will be notified every two years to re-apply in order to maintain state-approved trainer status. The trainer will be required to submit a renewal application, course profiles, and continuing education information along with the required fee of \$100.00. Continuing education requirement hours are as follows: AA Degree – fifteen hours; Bachelor's Degree – ten hours; Master's Degree or above – five hours.

**Training pertaining to Child Care Regulations, Playground Safety, and Directors Orientation, may only be provided by the Mississippi State Department of Health – Child Care Licensure Division.**



# Child Care Licensure

## Professional Development Trainer Application



**PLEASE PRINT CLEARLY**  
Complete ALL sections clearly and complete them in ink only.

Print the 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) \_\_\_\_\_

**PHONE NUMBERS AND EMAIL ADDRESS THAT YOU WOULD LIKE TO APPEAR ON THE APPROVED TRAINER LIST.**

Phone: (home) \_\_\_\_\_, (cell) \_\_\_\_\_, (work) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Web page: \_\_\_\_\_

**EDUCATIONAL BACKGROUND (Check all that apply):**

- 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 \_\_\_\_\_

**TRAINING METHOD:**  Face to Face  On-line  Distance Learning  Hybrid

If you are providing on-line, distance learning, or Hybrid training, address the following:

Name of internet site: \_\_\_\_\_

Explain how the course design ensures that participants are involved in the course throughout the training opportunity (verification of time, feedback and reflection during the training, active learning opportunities, etc.):

\_\_\_\_\_

Explain how the effectiveness of the training is accomplished (exams, evaluations, etc.)

\_\_\_\_\_

Is a name specific, watermarked certificate issued at the end of the training?  yes  no

**PROFESSIONAL DOCUMENTATION**

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

Photocopy of the official final transcript from a regionally accredited college or institution indicating coursework and degree conferred.

*(For renewals, submit only if the information has changed from your previous application)*

Professional resume with complete professional work experience as it relates to the training topics being offered.

*(For renewals, submit only if the information has changed from your previous application)*

Two signed professional letters of recommendation that reference your **ability as a trainer** (not an employee) to include information about past training 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 and adult education as follows (for renewals):

Associates degree – 15 hours  Bachelor's Degree – 10 hours  Master's 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 approval.**

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 the 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 training, 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 training is 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 training 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 the 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 are not limited to Quality Early Childhood; Federal Regulations; State Regulations; Responsibilities of a Quality Leader; Philosophy Development; Parent Handbook; Organizational Structures; Licensing and Regulations (offered by MSDH only); Directors Orientation (offered by MSDH only); Budgeting; Funding Sources; Marketing; Evaluating Center Components; Ethics; Linkage with Community Services; Communication and Relations with Families; Advocacy for Early Childhood Programs; 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 are 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 are 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; Playground Safety (offered by MSDH only).

Nutrition topics include but are 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.

**Infant and Toddler:** Information concerning the care and development of infants and toddlers (from birth through 24 months). Emphasis will be placed on the care of children in a group setting and state developmental benchmarks.

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

**Two Year Old:** Information concerning the care and development of two-year-olds (24 months to 36 months). Emphasis will be placed on the care of children in a group setting and state developmental benchmarks.

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

**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.

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

## Logo and Name of Organization

Certifies that

***NAME of participant must be written or typed  
by trainer only***

---

Completed (**Number of hours of approved training**) hours of

Staff Development on

***(DATE of training)***

On the topic(s) of

***(INSERT TRAINING NAME(S))***

### Approved Trainer

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

**This certificate must be retained for permanent records**

Signature of individual providing certificate

*My Name Trainer*

Name of individual providing certificate

Title of individual providing certificate

Phone number of individual providing certificate

E-mail address of trainer

## **Instructions for Form 1119, MSDH How to Become an Approved Professional Development Trainer**

### **Revision Date**

3/25/19

### **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 Approved Trainer List Contact Information by providing phone number, cell number, work number, email, and/or webpage.
  
3. Complete Educational Background by providing all degree areas that apply and submit a transcript for each school attended.
  
4. Complete Work Experience by providing facility name, address, position, dates of employment, and supervisor of three (3) employment experiences that relate to the training you are requesting to provide.
  
5. Identify and discuss the Training Method to be used. If online training is being offered, address all of the questions in detail.
  
6. 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 recommendation that reference your ability as a trainer (not an employee) to include information about past training conducted.
  - Documentation for any continuing education hours in the field of early care and learning and adult education.
  
7. 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 the signature, Trainer phone number, Trainer e-mail address.
8. Read and initial at the beginning of each statement to indicate agreement with the requirements of approved trainers.
  9. Sign and date application.
  10. Submit Application along with a non-refundable application fee. Checks are to be made to MSDH Child Care Licensure.
  11. 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](mailto:carol.bishop@msdh.ms.gov) within the time specified in the letter.

### **Office Mechanics and Filing**

The application will be retained electronically.

### **Retention Period**

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