



Arkansas Early Childhood Professional Development Registry

TRAINING REGISTRATION

Section 1. SESSION TITLE

Session Title

Section 2. SESSION INFORMATION

Location (site)

Address

City

ZIP

County

Date(s)

Start Time

End Time

SESSION INFORMATION (use as needed)

Location (site)

Address

City

ZIP

County

Date(s)

Start Time

End Time

SESSION INFORMATION

Location (site)

Address

City

ZIP

County

Date(s)

Start Time

End Time

SESSION INFORMATION

Location

Address

City

ZIP

County

Date(s)

Start Time

End Time

Section 3. PROPOSER INFORMATION

Sponsoring Institution
(or individual)

Phone and email

Trainer Name(s)

Trainer(s) Registry ID #

Section 4. WEB SITE INFORMATION

1.	Would you like this session displayed on the Web site? YES NO
2.	Contact name* to appear on Web site: (*contact name may be institution name or person)
3.	Contact phone number to appear on Web site: ()
4.	What is the maximum number of participants that may enroll?
5.	Would you like participants to be able to register online? YES NO
6.	Choose one of the following options to appear if you do NOT want practitioners to be able to register online:

<input type="checkbox"/>	CLOSED
<input type="checkbox"/>	Please call to register
<input type="checkbox"/>	Call for more info
<input type="checkbox"/>	Other: _____

Section 5. Please check the primary Competency Area that will be addressed in this professional development opportunity. (choose one)

<input type="checkbox"/>	Child Growth and Development
<input type="checkbox"/>	Creating Caring Communities to Support Learning and Development
<input type="checkbox"/>	Supporting Learning and Development Through Curriculum Planning and Implementation
<input type="checkbox"/>	Assessment and Evaluation
<input type="checkbox"/>	Family
<input type="checkbox"/>	Community
<input type="checkbox"/>	Professionalism
<input type="checkbox"/>	Program Management
<input type="checkbox"/>	Communications
<input type="checkbox"/>	General Knowledge

Section 6. Specialty Area of Participants (choose the most appropriate)

<input type="checkbox"/>	Infant and Toddler (6 weeks-3 years)
<input type="checkbox"/>	Preschool (3 -5 years)
<input type="checkbox"/>	Kindergarten
<input type="checkbox"/>	Primary Grades 1-3
<input type="checkbox"/>	School Age (5-13 years)
<input type="checkbox"/>	Multiple Age Groups
<input type="checkbox"/>	Administrators
<input type="checkbox"/>	Trainers
<input type="checkbox"/>	Other

Section 7. Level of Training - What level of practitioner would benefit from this training?

<input type="checkbox"/>	Basic - Practitioners who are developing an understanding and/or beginning to apply knowledge and skills. Initial 10-20 hours of training.
<input type="checkbox"/>	Intermediate - Practitioners who are frequently and/or consistently applying knowledge and skills.
<input type="checkbox"/>	Advanced - Practitioners who have thorough knowledge, ability to modify, evaluate, and synthesize; and/or are fostering growth, exercising leadership, and advocating.

Please e-mail to: prof_registry@astate.edu
 Or mail to: AECPPDS Registry, P.O. Box 808, State University, AR 7267
 For questions, please call the Registry office at (870) 972-3055 or 1-888-429-1585

OFFICE USE

Date Received _____ Date Entered _____ Initials _____