

Early Care and Education - Training Records Information System

Training Information Cover Page

TRAINING INFORMATION AREA

Submitted by (if not trainer):

Phone Number:

Training Title: _____

Delivery Method: _____

Start Date: _____ End Date: _____ Start Time: _____ End Time: _____ Time Zone: _____

Credit Hours: _____ Count towards Annual Requirement? YES NO

Please refer to the Training Detail Descriptions document within the FORMS area on the website for code definitions.

Target Audience: (Required) -1 -2 -3 -4 -5 -6 -7 -8 -9 -10 -11 -12 -13 -14 -15 -16 -17

Training Level: (Required) -1 -2 -3 -4 -5

*This is not the same as
your Trainer Level

(Choose only one)

Core Content SA (Choose 1 - 2 only): -1 -2 -3 -4 -5 -6 -7

CDA SA (Choose 1 - 2 only): -1 -2 -3 -4 -5 -6 -7 -8

Training
Description:
(Required)

Was this training conducted **independently**? YES NO **If NO, indicate Training Agency Sponsor:** _____

TRAINING LOCATION: (Required) _____ ZIP CODE: _____

TRAINER NAME: _____ EMPLOYER: _____

Credential #: _____ Phone Number: _____ Email: _____

TRAINER NAME: _____ EMPLOYER: _____

Credential #: _____ Phone Number: _____ Email: _____

A trainer signature is not required: if you are (1) a credentialed trainer entering your training; (2) an agency entering on behalf of a trainer; or
(3) a DCC Approved event with agency access to assign credit. Remember to Attach/Upload your training documents within the Assign Credit area AND click Submit as Complete to TRIS

DCC Approved events without data entry access submit with Participant Sign-in Sheet By Email: ecetris@eku.edu

Visit us on the web at: <https://ece.trc.eku.edu>