

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:

Face to Face Only- (or for DCC Approved Non face to face trainings)

Start Date:

End Date:

Start Time:

AM

End Time:

AM

Time Zone: Please select

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)

- checkboxes 1-17

Training Level: (Required)

- checkboxes 1-5

\*This is not the same as your Trainer Level

(Choose only one)

Core Content SA (Choose 1 - 2 only):

- checkboxes 1-7

CDA SA (Choose 1 - 2 only):

- checkboxes 1-8

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.

Please 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 - Fax: (859)622-6838 or Email: ecetris@eku.edu or Upload: https://tris.eku.edu/SecureFiles/login.aspx

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