Early Care and Education – Training Records Information System

INDIVIDUAL TRAINING CONFIRMATION FORM

Training(s) must have prior approval from the Division of Child Care to count for licensing clock hours. Click on the **Calendar/Approved Trainings** area on https://ece.trc.eku.edu to view DCC pre-approved trainings and note the **Availability Date Range** as well as the **Credit Process**

Email this form to ecetris@eku.edu only when the
Credit Process states *Self-Report with Individual Training Form (allow 10 days).*

Required documentation must be submitted with this form for training credit to be added to your record:
- Certificate(s) - Must be legible and include course title, participant name, completion date, clock hours, and trainer or sponsoring agency name.
  - If certificate does not have a breakdown of hours per workshop, additional documentation may be required such as conference registration confirmation.
- Do NOT send the form/certificates when,
  - the training is not approved.
  - the **Credit Process** listed as **Trainer/Sponsoring Agency (allow 10 days)** – credit is entered by the KY Credentialed Trainer or the agency. You can Contact the trainer or agency if your credit is outside the 10-day timeframe.
  - the **Credit Process** listed as **Agency Data File (allow 30 days)** – credit is entered by the file received by the agency.

Incomplete submission of documentation or an incomplete form will delay entry

PARTICIPANT NAME: _____ EMAIL:_____
(Please Print)

BIRTHDATE: _____/_____ (Month and Day only) WORK PHONE:(_____) _____

EMPLOYER: _____

TRAINING TITLE: _____

DATE: _____ START AND END TIMES: _____ CLOCK HOURS: _____

AGENCY SPONSOR / TRAINER NAME: _____

TRAINING TITLE: _____

DATE: _____ START AND END TIMES: _____ CLOCK HOURS: _____

AGENCY SPONSOR / TRAINER NAME: _____

TRAINING TITLE: _____

DATE: _____ START AND END TIMES: _____ CLOCK HOURS: _____

AGENCY SPONSOR / TRAINER NAME: _____

TRAINING TITLE: _____

DATE: _____ START AND END TIMES: _____ CLOCK HOURS: _____

AGENCY SPONSOR / TRAINER NAME: _____

Please send completed information to ECE-TRIS via Email: ecetris@eku.edu