



Office Use Only
Registry ID#:

State of Florida Registry Trainer Application

Personal Information (Please Print):			Today's Date: mm/dd/yyyy ____ / ____ / ____	
Legal Last Name:	Legal First Name:	Middle:	Previous/Maiden Name:	
Social Security Number: (The last 5 digits) 0-0000		Date of Birth: mm/dd/yyyy ____ / ____ / ____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Please check one: <input type="checkbox"/> Mailing Address <input type="checkbox"/> PO Box:			Apt#	Mail Correspondence to: <input type="checkbox"/> Work <input type="checkbox"/> Home
City:	State:	Zip Code:	County:	
Home Phone: (000)000-0000	Other Phone: (000)000-0000	Personal Email:	Work Email:	
Race/Ethnic Background (for demographic information only): <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other: _____ Country of Origin: _____	Primary Language:		Secondary Language:	
	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Portuguese <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Kanjobal <input type="checkbox"/> Persian <input type="checkbox"/> Tagalog <input type="checkbox"/> Tribal <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____	<input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Chinese <input type="checkbox"/> Hindi <input type="checkbox"/> Greek <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Polish <input type="checkbox"/> Thai <input type="checkbox"/> Urdu <input type="checkbox"/> Yiddish <input type="checkbox"/> Lao	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Portuguese <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Kanjobal <input type="checkbox"/> Persian <input type="checkbox"/> Tagalog <input type="checkbox"/> Tribal <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____	<input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Chinese <input type="checkbox"/> Hindi <input type="checkbox"/> Greek <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Polish <input type="checkbox"/> Thai <input type="checkbox"/> Urdu <input type="checkbox"/> Yiddish <input type="checkbox"/> Lao
All State of Florida Registry Trainer applications must be accompanied by a current resume. Include relevant training experience (with dates) OR curriculum vitae, supporting documentations (college transcripts, training certificates, certifications) and two (2) letters of professional references attesting to quality of training skills.				
Current Employment Information (Please Print):				
Employer Name:				
Date of Hire: mm/dd/yyyy ____ / ____ / ____				
Employer Address:			Work Phone:	
City:	State:	Zip Code:	County:	
Education (Formal) Information: For each attached document (copies of certificates, degrees,				



diplomas, transcripts), please check the appropriate box.			
High School:			
<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Foreign <input type="checkbox"/> Home School <input type="checkbox"/> None			
Director Credential:			
<input type="checkbox"/> Level I Expiration Date: ___/___/___		<input type="checkbox"/> Level II Expiration Date ___/___/___	
<input type="checkbox"/> Advanced Expiration Date: ___/___/___		<input type="checkbox"/> None	
Credential:		Expiration Date	
<input type="checkbox"/> DCF Staff Credential Expiration Date: ___/___/___		<input type="checkbox"/> CPR Training ___/___/___	
<input type="checkbox"/> National CDA Expiration Date: ___/___/___		<input type="checkbox"/> First Aid ___/___/___	
<input type="checkbox"/> School-Age Certificate Expiration Date: ___/___/___			
<input type="checkbox"/> None			
College Information:		Major:	Date Conferred
<input type="checkbox"/> College Credit Certificate		_____	___/___/___
<input type="checkbox"/> A.A./A.S./A.A.S.		_____	___/___/___
<input type="checkbox"/> B.A./B.S.		_____	___/___/___
<input type="checkbox"/> M.A./M.S.		_____	___/___/___
<input type="checkbox"/> Doctorate		_____	___/___/___
<input type="checkbox"/> None		_____	___/___/___
Certifications Information (High/Scope, Beyond Centers & Circle Time, Professional Teaching Certificates, etc.):			
1. _____			
2. _____			
3. _____			
Audience Information			
In what languages can you provide training?			My target audience works with the following age group(s)
<input type="checkbox"/> <u>English</u>	<input type="checkbox"/> <u>Arabic</u>	<input type="checkbox"/> <u>Tagalog</u>	<input type="checkbox"/> <u>Infants</u> <input type="checkbox"/> <u>Toddlers</u> <input type="checkbox"/> <u>Preschool</u> <input type="checkbox"/> <u>School-Age</u> <input type="checkbox"/> <u>Adults</u>
<input type="checkbox"/> <u>Spanish</u>	<input type="checkbox"/> <u>Armenian</u>	<input type="checkbox"/> <u>Tribal</u>	
<input type="checkbox"/> <u>Creole</u>	<input type="checkbox"/> <u>Chinese</u>	<input type="checkbox"/> <u>Vietnamese</u>	
<input type="checkbox"/> <u>Portuguese</u>	<input type="checkbox"/> <u>Hindi</u>	<input type="checkbox"/> <u>Lao</u>	
<input type="checkbox"/> <u>French</u>	<input type="checkbox"/> <u>Greek</u>	<input type="checkbox"/> <u>Yiddish</u>	
<input type="checkbox"/> <u>Italian</u>	<input type="checkbox"/> <u>Japanese</u>	<input type="checkbox"/> <u>Urdu</u>	
<input type="checkbox"/> <u>Kanjobal</u>	<input type="checkbox"/> <u>Korean</u>	<input type="checkbox"/> <u>Thai</u>	
<input type="checkbox"/> <u>Other:</u> _____	<input type="checkbox"/> <u>Polish</u>	<input type="checkbox"/> <u>Persian</u>	

Please include my contact information in the future Registry Trainer Directory.

I certify that all information provided to the Registry, attached to this form and/or future updates provided to the Registry, is and will be true and correct. I understand I am responsible for the information I provide to the Registry. I understand that the Office of Early Learning and Palm Beach State College will protect the confidentiality of personal information provided, to the extent permitted under state and federal law. I do hereby give the Office of Early Learning and Palm Beach State College permission to access my transcripts/degrees from training institutions and colleges-universities attended. I do hereby indemnify the Office of Early Learning and Palm Beach State College and their employees and agents against any claims whatsoever arising out of or connected with the information.

Applicant's Name (Please Print): _____	Signature _____	Date: (mm/dd/yyyy) ___/___/___
--	---------------------------	--