

Name of Person Being Trained
*TRAINERS FILL IN TRAINEES NAME. DO NOT
 HAND OUT WITHOUT COMPLETING THIS BOX*

Ohio Department of Job and Family Services
**PROFESSIONAL DEVELOPMENT
 DOCUMENTATION FOR CHILD CARE**

Date(s) of Training	Hours of Training	Title of Training Session
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Has this training been approved for Step Up To Quality or an Ohio Approved training?
(check one) Yes No

Description of Training

Trainer Qualifications (check one):
 At least two years' experience in subject area and:

Completed ninety quarter credit hours or sixty semester credit hours from an accredited college, university, or technical college. The coursework shall include at least thirty-six quarter credit hours or twenty-four semester credit hours in courses in child development or courses related to the subject of the training.

Has a currently valid CDA.

Preprimary credential from the Association Montessori Internationale or the American Montessori Society.

Licensed physician or registered nurse.

I certify that the information on this form is true and accurate.

Signature of Trainer	Trainer's Email Address <i>(optional)</i>	Date
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Name and Address of Trainer <i>(please print)</i>	Telephone Number	CHILD CARE LICENSING USE ONLY
		Date Reviewed: _____ CCLS Initials: _____

Was this electronic media training? Yes No

Administrator's Signature - verifies trainee's attendance at electronic media training	Date
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