

## Application for Washington State- approved Trainer Advisory Board



The Washington State Trainer Advisory Board consists of experts in adult learning and/or topics that are foundational for early care and education or school age care professionals. If you would like to become a member of the board, please complete and sign this application. *Trainer Advisory Board members fill a variety of roles in the trainer approval process.*

Name:	
Contact phone number:	
Contact email address:	
Affiliated organization name, if applicable:	

- In addition to this application, prospective board members will submit a **resume or written summary** of their experience and education, stating their background and preparation to review adult educators' skills and knowledge.
- Each applicant will read the NAEYC Code of Ethical Conduct Supplement for Adult Educators and agree to uphold the ideals and principles in the Code. [http://www.naeyc.org/positionstatements/ethical\\_conduct](http://www.naeyc.org/positionstatements/ethical_conduct)
- Each board member agrees to schedule an observation with the applicant and to process the paperwork in a timely manner, emailing paperwork to DEL **within a week** of the observation. If the board member is unable to observe the applicant or review the application, the board member will communicate with DEL as soon as possible.
- Trainer Advisory Board members hold their reviews and recommendations in the strictest confidence. Members may not discuss trainer reviews except with DEL staff, or at an agreed upon consultation with another board member. By signing this application, board members agree to strict confidentiality and professionalism in their role as board members.
- The board member understands that information shared with DEL becomes public record and some information in public records is available to the general public upon request.
- The board member understands that all forms and documentation submitted to DEL will become the property of DEL, and forms and documentation will not be returned.

**Early Care and Education (ECE) Core Competency Demonstration  
(ECE is defined as birth through age eight.)**

<i>CORE COMPETENCY AREA</i>	For each core competency, please describe in 150 words or less how your background has prepared you to observe in each area.
Child Growth & Development	
Curriculum & Learning Environment	
Ongoing Measurement of Child Progress	
Families & Community Partnerships	
Health, Safety & Nutrition	

Interactions	
Program Planning & Development	
Professional Development & Leadership	

**Child and Youth Development (school-age) Core Competency Demonstration  
(School-age is defined as age 5 through age 12.)**

<i>CORE COMPETENCY AREA</i>	For each core competency, please describe in 150 words or less how your background has prepared you to observe in each area.
Child/Adolescent Growth & Development	
Learning Environment & Curriculum	
Child/Adolescent Observation & Assessment	
Families, Community & Schools	
Safety & Wellness	

Interactions with Children & Youth	
Program Planning & Development	
Professional Development & Leadership	
Cultural Competency & Responsiveness	
Youth Empowerment	

Check the counties that you're willing to observe in:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <a href="#">Asotin County</a>       | <input type="checkbox"/> <a href="#">Clark County</a>    | <input type="checkbox"/> <a href="#">Ferry County</a>        |
| <input type="checkbox"/> <a href="#">Benton County</a>       | <input type="checkbox"/> <a href="#">Columbia County</a> | <input type="checkbox"/> <a href="#">Franklin County</a>     |
| <input type="checkbox"/> <a href="#">Chelan County</a>       | <input type="checkbox"/> <a href="#">Cowlitz County</a>  | <input type="checkbox"/> <a href="#">Pacific County</a>      |
| <input type="checkbox"/> <a href="#">Clallam County</a>      | <input type="checkbox"/> <a href="#">Douglas County</a>  | <input type="checkbox"/> <a href="#">Pend Oreille County</a> |
| <input type="checkbox"/> <a href="#">Garfield County</a>     | <input type="checkbox"/> <a href="#">Lewis County</a>    | <input type="checkbox"/> <a href="#">Spokane County</a>      |
| <input type="checkbox"/> <a href="#">Grant County</a>        | <input type="checkbox"/> <a href="#">Lincoln County</a>  | <input type="checkbox"/> <a href="#">Stevens County</a>      |
| <input type="checkbox"/> <a href="#">Grays Harbor County</a> | <input type="checkbox"/> <a href="#">Mason County</a>    | <input type="checkbox"/> <a href="#">Thurston County</a>     |
| <input type="checkbox"/> <a href="#">Island County</a>       | <input type="checkbox"/> <a href="#">Okanogan County</a> | <input type="checkbox"/> <a href="#">Wahkiakum County</a>    |
| <input type="checkbox"/> <a href="#">Jefferson County</a>    | <input type="checkbox"/> <a href="#">Pierce County</a>   | <input type="checkbox"/> <a href="#">Walla Walla County</a>  |
| <input type="checkbox"/> <a href="#">King County</a>         | <input type="checkbox"/> <a href="#">San Juan County</a> | <input type="checkbox"/> <a href="#">Whatcom County</a>      |
| <input type="checkbox"/> <a href="#">Kitsap County</a>       | <input type="checkbox"/> <a href="#">Skagit County</a>   | <input type="checkbox"/> <a href="#">Whitman County</a>      |
| <input type="checkbox"/> <a href="#">Kittitas County</a>     | <input type="checkbox"/> <a href="#">Skamania County</a> | <input type="checkbox"/> <a href="#">Yakima County</a>       |
| <input type="checkbox"/> <a href="#">Klickitat County</a>    | <input type="checkbox"/> <a href="#">Skamania County</a> |  |

Check days and times during which you're willing to observe:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

- Select languages that you're willing to observe in:  American Sign Language  Amharic  Arabic
- Cambodian  Chinese-Cantonese  Chinese-Mandarin  English  French  German
- Japanese  Korean  Oromo  Punjabi  Russian  Samoan  Somali  Spanish
- Tagalog  Ukrainian  Vietnamese  Other (Please list) \_\_\_\_\_

I have read and agree to follow the role of a Trainer Advisory Board member as outlined in the Trainer Advisory Board Agreement. By signing, I agree to the standards and commitments of being a member of the Trainer Advisory Board.

\_\_\_\_\_  
Name (please print) and Date

\_\_\_\_\_  
Signature