

OF CUMBERLAND COUNTY

351 Wagoner Drive, Suite 200 Fayetteville, NC 28303 P 910-867-9700 / F 910-867-7772 ccpfc.org

Train the Trainer Application

Selected participants will receive detailed information on training participation to include date and time.

Date of Application:	Training Topic: ASQ Train the Trainer
Facility Name:	
racinty Name.	☐ Home ☐ Center
Applicant's Title and Name:	
Title First	Last
Employer's Mailing Address:	
Street/P.O. Box	City Zip
Applicant's E-Mail Address:	Phone # (best # to reach applicant):
Are you a NC Pre-K Teacher or Administrator? Yes No	Are you a Head Start Teacher or Administrator? Yes No
Education Completed:	
BA/BS Major: MA/MS Major:	
Early Educator Certification:	
Do you have a current NC Early Educator Certification? Yes No If yes, what is your level? Supervisors Information (required for teaching staff)	
Title and Name:	
Title First	Last
E-Mail Address:	Phone #:
L-Mail Address.	1 Hone #.
Signatures	
 By signing this application, the applicant is agreeing to the following terms of agreement: Complete all Train the Trainer training sessions and requirements (Date and Times to be determined). Provide training and technical assistance in the topic listed above to staff members employed by applicant's current employer. Coordinate with the Partnership for Children to provide training and technical assistance in the topic listed above for up to three years contingent upon continued employment with current employer. 	
Applicant Signature Print Name	Date
Supervisor Signature (required for teaching staff) Print Name	Date
Email or drop off completed application to Partnership for Children of Cumberland County ATTN: Mary Welch 351 Wagoner Drive, Suite 200 Fayetteville, NC 28303 mwelch@ccpfc.org Due Date: March 10, 2022 NLT 5:00pm	



