

Adult Educator/Instructor Application & Agreement

		Applicant Informa	ition	
Full Name:	Last	First	M.I.	Date:
Address:	Street Address			Apartment/Unit #
Phone: Iowa AEYC	City	Email:	State	ZIP Code
Sponsor/Cha	apter			
		Instructor Level apply	vina for	
 Lev Lev Spe I meet the I have coorganizate 	rel II – Associate Degree rel III – Bachelor's, Mets requirements below ecialty – Instructor/Guest requirements: minimum of a 90 minim	nt Associate (CDA) Credential and in early childhood education or caster's or □ Doctorate Degree in the Speaker Area Expertise: □ 13 years' experience in early child min Adult Educator Training from the meets the requirements	closely related and meets a early childhood education with the early childhood education with the early childhood or related and 6 hm lowa AEYC, CCR&R of See Requirement	ext section – Items Needed** nours experience as a trainer or another approved Rubric Here
low App	blicant has an active HHS rate Association for the Educolicant has provided evider Idren (NAEYC). **Levels I - Il blicant has provided evider Resume **Email to info	ce of credentials, qualifications, e	s submitted a request for -III only** ne National Association for experience, and abilities:	an Adult Educator with the

Curricula Approval and Review Process Assurances

For curriculum to support quality professional development, the content must meet each of the following criteria. You will be required to provide evidence of the following, upon request.

- I understand that all curricula must include:
 - Competency-based learning objectives and outcome measures that are appropriate to the participant's competency level.
 - Enough content to support the clock hours requested and depth to support the participant's competency level.
 - Adult learning principles and reflective practices with logical time and sequence.

- Content that supports childhood as a unique and valuable stage of the life cycle; how it supports children being
 understood in the context of their family, culture, community; and how it supports the respect for the dignity, worth,
 and uniqueness of each individual.
- An evaluation form for participants to assess the adult educator and the class or series. **lowa AEYC will provide if one is not already available**
- A reference list for the content that was used by the author when developing the curriculum including the author's name and qualifications (at least two must be less than five years old).
- Content that meets the needs of diverse participants and how the content aligns to the <u>cultural diversity</u> competencies.
- Content that aligns to the <u>lowa Early Learning Standards</u> to address areas of development, when appropriate.
 I understand that professional development offered in a group setting shall provide an opportunity for ongoing interaction and timely feedback including questions and answers within the clock hours.
 I understand that no more than eight clock hours of professional development will be awarded in any one day.

Adult Educator Approval and Review Assurances

To determine if an adult educator should be providing professional development, the adult educator must agree to meet each of the following criteria.

I agree to adhere to the National Association for the Education of Young Children Code of Ethics for Early Childhood

Adult Educators.
Meet each of the <u>lowa Adult Educator and Coaching Competencies</u> .
Organize and deliver instruction.
Assess learning.
Am an expert in the content delivered.
Have provided evidence of credentials, qualifications, experience, and abilities.
Understand that Iowa AEYC's adult educators must be qualified to provide professional development in the content area delivered and be approved adult educators for the organization.

Professional Development Training Assurances

Initial

To determine if and adult educator should be providing professional development trainings that the lowa Department of Human Services approves, you must agree to meet each of the following criteria.

- I understand that the content of my professional development must be consistent with lowa AEYC's mission and vision statement and objectives and will be implemented through the adult educator approval and review process and the curricula approval and review process.
- I certify that all training requests will be submitted to lowa AEYC no later than 30 days prior to training with appropriate request forms provided to me.
 - I certify that if requesting <u>National Administrator Credential (NAC)</u> accreditation, training must include at least one of the following NAC competencies:
 - History of Early Childhood Education, and Personal and Professional Development of the Child Care Professional
 - An Effective Organization
 - Internal and External Systems
 - Laws and Regulations

- Staff Management and Human Resources
- Educational Programming
- Marketing, Advertising, and Public Relations
- Financial Management
- Operational Planning and Evaluation
- Leadership and Advocacy
- ☐ I understand that lowa AEYC is not responsible for collecting and or tracking training fees for outside trainings.

	I certify that that all training attendance will be properly recorded and provided to Iowa AEYC within 1 week after			
	training has been completed.			
	I understand that Iowa AEYC will provide certificate of completion. I understand that the certificate will reflect the actual number of clock hours of the content delivered.			
	I understand that the certificate will not be distributed to anyone who does not attend the entire class or series.			
	I understand that this organization will collect post training evaluation forms received by participants to assess satisfaction of the following:			
	Trainer Competency			
	Training Delivery			
	Training Content			
	Training Value			
	I agree to keep my DHS training registry/I-PoWer account information active and up to date.			
	I understand that all approved professional development will be entered into the registry and attendance will be			
_	verified within the registry.			
	I agree to provide professional development in one or more of the content areas required for professionals working			
	with children aged zero to five (early childhood professionals) and professionals working with school age children			
	(school age professionals). These content areas are:			
	Planning a safe, healthy learning environment.			
	Steps to advance children's physical and intellectual development.			
	 Positive ways to support children's social and emotional development. 			
	Strategies to establish productive relationships with families.			
	Strategies to manage an effective program operation.			
	Maintaining a commitment to professionalism.			
	Observing and recording children's behavior. Disciples of children the product of the control of the cont			
	Principles of child growth and development. I agree to provide professional development within one or more of the professional competencies readed for			
	I agree to provide professional development within one or more of the professional competencies needed for			
	professionals working with children aged zero to five (early childhood professionals) and professionals working with school age children (school age professionals).			
	I understand that orientations, support groups, meetings, discussion groups, forums, mentoring, coaching, or other			
	non-instructional professional development cannot be used for the Iowa Department of Human Services clock hours			
	because these types of settings do not meet the definition of group instruction or self-study, in lowa law.			
	I understand that the lowa Department of Human Services may randomly monitor any professional development the			
	organization provides the Iowa Department of Human Services clock hours to, for quality control purposes. This			
	includes access to and the ability to assess curriculum, approval processes, monitoring processes, objectives,			
	policies, and all other professional development-related topics that influence the delivery of quality professional			
	development that the Iowa Department of Human Services approves.			
	I understand that violation of any of the above statements may place approval of this or future professional			
_	development approval applications at risk.			
	I agree that if substantial changes in this organization's approval and review processes are made, I will submit a new			
	application.			
Ш	I understand that approval of this professional development is contingent upon my agreement with the above statements.			
	Initial			
	Signature Signature			
I certify that my answers are true and complete to the best of my knowledge.				
Signature: Date:				

^{**}Must email all documents with resume to info@iowaaeyc.org**