

Division of Family Resource and Youth Services Centers

Trainer's Credential Application

Please type or print clearly and complete all sections.

Check one: New Renewal Update

I. PERSONAL INFORMATION

Name: Mr. Mrs. Ms. Dr. _____

Birth date: ___/___/___ Home phone: _____

Home address: _____

City: _____ County: _____ State: _____ Zip: _____

Occupation: _____

Place of employment: _____

Work address: _____

City: _____ County: _____ State: _____ Zip: _____

Work phone: _____

Email address: _____

Address preference for mail: Home Work

Would you allow your work phone to be published so interested parties may contact you for training?

Yes No

Would you allow your email address to be published so interested parties may contact you for training?

Yes No

II. FORMAL EDUCATION INFORMATION

Applicants must provide a copy of a current resume that includes degrees, certifications and credentials with this application. The Division of Family Resource and Youth Services Centers reserves the right to request additional information.

III. FRYSC TRAINING DOMAINS

Please select which of the following domain(s) your training addresses.

Center Operations

Leadership Skills

Social and Emotional Needs

Educational System and Academic Needs

Family Development

Child/Youth Health and Development Needs

Specialty (Describe) _____

III. CERTIFICATION

I certify that all information provided and attached to my application is true and correct.

Signature of applicant: _____

Date signed: _____

IV. CHECKLIST FOR APPLICATION

- Selected New, Renewal or Update
- Completed all blanks on application form
- Attached a current resume
- Included signature

V. SUBMISSION

Send the completed application and your resume to:

DFRYSC
Attn: Carol Leggett
275 E. Main St., 3C-G
Frankfort, KY 40601

If you have questions, contact Carol Leggett, DFRYSC Training Specialist, at carol.leggett@ky.gov or (502) 564-4986, ext. 3844.

OFFICE USE ONLY

Date received: _____

Renewal date: _____