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

Please check all attached verification information. Applicant must include copy of resume, certifications, credentials, etc. with this application -- except for school transcripts.

☐ High School Diploma/Equivalent

☐ Associate Degree, indicate field of study: _____

☐ Bachelors Degree, indicate field of study: _____

☐ Masters Degree, indicate field of study: _____

☐ Doctorate, indicate field of study: _____

☐ Transcript(s), indicating courses and degree awarded

☐ Training certificates (include trainer's resource orientation and trainer's seminar certificates)

☐ Certifications, Licenses, Credentials

☐ Current Resume (must reflect minimum number of years of experience required for trainer level selected), include employment history with dates, job title, major job responsibilities, hours worked per week, etc.

III. Domains

☐ Center Operations

☐ Leadership Skills

☐ Social and Emotional Needs

☐ Educational System and Academic Needs

☐ Family Development

☐ Child/Youth Health and Development Needs

☐ Specialty _____

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 all required verification information

☐ Included signature

V. Submission

Send the application and attachments to:

DFRYSC
Attn: Katie Morris
275 E. Main St., 3C-G
Frankfort, KY 40621

If you have questions, contact Katie Morris, DFRYSC Training Director, at katie.morris@ky.gov or (502) 564-6789.

Office Use Only

Date received: _____

Renewal date: _____