

Adult Educator/Instructor Application & Agreement

Applicant Information

Full Name: _____ Date: _____
 Last *First* *M.I.*

Address: _____
 Street Address *Apartment/Unit #*

 City *State* *ZIP Code*

Phone: _____ Email: _____

Instructor Level applying for

Instructor Level applying for:

- Level I – ☐ Child Development Associate (CDA) Credential and meets requirements below
 - Level II – ☐ Associate Degree in early childhood education or closely related and meets requirements below
 - Level III – ☐ Bachelor's, ☐ Master's or ☐ Doctorate Degree in early childhood education or closely related and meets requirements below
 - Specialty – ☐ Instructor/Guest Speaker Area Expertise: _____ **Skip to next section – Items Needed**
- ☐ I meet the requirements: minimum of 3 years' experience in early childhood or related and 6 hours experience as a trainer
- ☐ I have completed a minimum of a 90 min Adult Educator Training from Iowa AEYC, CCR&R or another approved organization in the past 3 years
- ☐ I will be presenting with someone who meets the requirements

[See Requirement Rubric Here](#)

Items Needed for Professional Development Approval Review

- ☐ Applicant has an active [HHS registry/I-PoWeR](#) account and has submitted a request for an Adult Educator with the Iowa Association for the Education of Young Children.
- ☐ Applicant has provided evidence of current membership with the National Association for the Education of Young Children (NAEYC). **Levels I –III only**
- ☐ Applicant has provided evidence of credentials, qualifications, experience, and abilities:
- Resume **Email to info@iowaeyc.org**
 - Summary of adult educator/instructor experience **must have 6+ hours** **Levels I –III only**

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. **Iowa 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 [cultural diversity competencies](#).
 - Content that aligns to the [Iowa Early Learning Standards](#) 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.

Initial _____

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 [Iowa Adult Educator and Coaching Competencies](#).
- ☐ 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.

Initial _____

Professional Development Training Assurances

To determine if an adult educator should be providing professional development trainings that the Iowa Department of Health and 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 Iowa 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 Iowa AEYC no later than 30 days prior to training with appropriate request forms provided to me.
- ☐ I certify that if requesting [National Administrator Credential \(NAC\)](#) 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 Iowa 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.
 - Principles of child growth and development.
- ☐ 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 Iowa law.
- ☐ I understand that the Iowa 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.
- ☐ I understand that approval of this professional development is contingent upon my agreement with the above statements.

Initial _____

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