

Early Care and Education – Training Records Information System

INDIVIDUAL CONFERENCE ATTENDANCE CONFIRMATION FORM

The training(s) must be previously approved by the Division of Child Care

http://chfs.ky.gov/dcbs/dcc/trng_app.htm

Please complete this form and submit the following for training credit to be added to your ECE-TRIS Training Record:

1. ECE-TRIS Individual Conference Attendance Confirmation Form
2. A Conference Brochure/Booklet/Pamphlet describing workshops/sessions/clock hours/codes *(Please do not submit originals)*
3. Copy of Early Care and Education Training Event Certificate(s) or CEU's, if applicable *(Please do not submit originals)*
4. Information Form, if not previously submitted to ECE-TRIS.

Incomplete submission of documentation or an incomplete form will impede ECE-TRIS processing

CONFERENCE TITLE: _____

SPONSOR OR HOST OF CONFERENCE: _____

START DATE: _____ END DATE: _____ TOTAL CLOCK HOURS: _____

LOCATION: _____ ZIP CODE: _____

PARTICIPANT NAME: _____

BIRTHDATE: ____/____/____ *(Please Print)* LAST 4 DIGITS OF SS#: _____

EMPLOYER: _____ WORK PHONE: (____) _____

WORKSHOP/SESSION TITLE: _____

DATE: _____ START AND END TIMES: _____ CLOCK HOURS: _____

TRAINER NAME: _____

Trainer Signature/Initial to Confirm Attendance: _____

WORKSHOP/SESSION TITLE: _____

DATE: _____ START AND END TIMES: _____ CLOCK HOURS: _____

TRAINER NAME: _____

Trainer Signature/Initial to Confirm Attendance: _____

WORKSHOP/SESSION TITLE: _____

DATE: _____ START AND END TIMES: _____ CLOCK HOURS: _____

TRAINER NAME: _____

Trainer Signature/Initial to Confirm Attendance: _____

**Please send completed information to: ECE-TRIS, University Training Consortium, Eastern Kentucky University,
521 Lancaster Ave., 229 Mattox Hall, Richmond, KY, 40475
Phone: (859)622-8811 or Toll Free (877)312-TRIS FAX: (859)622-6838.
Visit us on the web at: <https://tris.eku.edu/ece/>**