

Early Care and Education – Training Records Information System

INDIVIDUAL TRAINING CONFIRMATION FORM

The training(s) must have prior approval from 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 Report:

1. ECE-TRIS Individual Training Confirmation Form
2. A Conference Brochure/Booklet/Pamphlet OR website for online training describing workshops/sessions/clock hours/codes
3. A **Copy** of Early Care and Education Training Event Certificate(s) *(Please do not submit originals)*
4. Information Form, if not previously submitted to ECE-TRIS or if changes need to be made

Incomplete submission of documentation or an incomplete form will delay entry

PARTICIPANT NAME: _____
(Please Print)

BIRTHDATE: ____/____/____ LAST 4 DIGITS OF SSN: _____

EMPLOYER: _____ WORK PHONE: (____) _____

CONFERENCE TITLE (where applicable): _____

SPONSOR: _____

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

LOCATION: _____ ZIP CODE: _____

TRAINING TITLE: _____

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

TRAINER NAME: _____

TRAINING TITLE: _____

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

TRAINER NAME: _____

TRAINING TITLE: _____

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

TRAINER NAME: _____