



**Joint Application for
NATIONAL TRAINER OF CHILD CARE HEALTH CONSULTANTS
OR
CHILD CARE HEALTH CONSULTANT**

Mission: To promote optimal health, safety, nutrition, and development for children in out-of-home child care programs.

I AM APPLYING TO BE A CHILD CARE HEALTH CONSULTANT OR NTI TRAINER

Name:

First Middle Last

Address:

Street (including apartment #)

City State Zip Code

Daytime Phone: () - ext. **Evening Phone:** () -

Cell Phone: () - **Fax Number:** () -

Email: _____

Employer: _____

Company Address: _____
Street (including apartment or suite #)

City State Zip Code

Job Title: _____

Brief Description of Job Duties: _____

Will this role be incorporated into your current job role? YES NO

Is your supervisor aware of the time commitment you must make to participate as a National Trainer of CCHCs or Child Care Health Consultant? YES NO N/A

Has your supervisor agreed to this commitment as an **ongoing** part of your job? YES NO N/A

A statement of approval at the end of this application must be signed by your employer/supervisor.

Applicant's Name: _____

Training Skills:

Do you have any prior experience in training health/child care professionals? YES NO

Are you registered with the Texas Early Care and Education Career Development System?

YES NO If YES, List Registry #: _____

To be a National Trainer of Child Care Health Consultants or a Child Care Health Consultant, you must have a minimum of a Bachelor's Degree in Child Development, Early Childhood Education, Health Education/Promotion, Nursing (R.N.), or a related field (including 12 Academic Hours in Child Development or Early Childhood/Early Care And Education)

PLEASE INDICATE AREA OF STUDY AND LEVEL OF EDUCATION:

Type of School	Name of School/Location	Date Graduated	Degree Type	Major/Minor Fields of Study
Undergraduate				
Graduate/Post Graduate				

License # (if applicable) _____

PLEASE ATTACH*:

- A RESUME OF YOUR EDUCATION/TRAINING/WORK EXPERIENCES
- TRANSCRIPTS
- A TYPED, BRIEF DESCRIPTION OF YOUR AREA OF EXPERTISE AND WHY YOU ARE INTERESTED IN BECOMING A NATIONAL TRAINER OF CHILD CARE HEALTH CONSULTANTS OR CHILD CARE HEALTH CONSULTANT

***Applications will not be considered until all required documents have been received**

Please Note: Child Care Licensing requires background checks on all individuals who are regularly or frequently present at a child care facility while children are in care; therefore, you may be asked to complete a background check.

Applicant's Name: _____

Professional References:

Reference 1:

Name: _____ Phone: () - _____
Email: _____ Relationship: _____
Job Title: _____ Company: _____

Reference 2:

Name: _____ Phone: () - _____
Email: _____ Relationship: _____
Job Title: _____ Company: _____

Reference 3:

Name: _____ Phone: () - _____
Email: _____ Relationship: _____
Job Title: _____ Company: _____

Signed statement of approval from your employer:

I, _____, understand and support
(Employer's/Supervisor's Name)

_____ serving (as identified by the responsibilities) as an
(Applicant's Name)

NTI CCHC Trainer or **CCHC** (*Check one*)

Employer's Signature

Title

Date

Applicant's Signature

Title

Date