



State of Connecticut Train-the-Trainer Certificate Program Application



Please read the entire application and complete all pages. Pages 2 and 3 must be signed by your direct supervisor or manager to qualify for review.

E-mail applications to: Deana Giordano, CT Department of Labor at deana.giordano@ct.gov.

Applications are due by January 31, 2014, 4:30 p.m. You will be notified by February 14 regarding your acceptance into the program. Contact Deana Giordano at 860-263-6677 with any questions regarding the application.

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|------------------------|--|-----------------------|--|
| Name: | | | |
| Job Title: | | | |
| Agency: | | Department: | |
| Work Phone No.: | | Email Address: | |
| Work Address: | | | |

(Street, City Zip)

Please check the area(s) that you currently do as part of your job and indicate the percentage of time you spend conducting that duty.

- Develop curriculum: _____% conducting this duty
- Conduct staff training: _____% conducting this duty
- Facilitate groups: _____% conducting this duty
- Manage agency training functions: _____% conducting this duty
- Conducting staff development activities: _____% conducting this duty
- Other _____: _____% conducting this duty

List the specific courses you have taken within the past two years in any of the above subject areas. [Please include course title(s), sponsor(s), and duration.]

Explain how the TtT Certification Program will enhance your ability to perform your current job and benefit your agency.



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Independent Work-Related Project

The train-the-trainer program requires successful completion of an independent work-related project due prior to the end of the program in October, 2014. The project entails designing and developing an original training session in a subject area you will conduct at your agency. If you wish to use a pre-existing training program that is already created and you plan to modify it and use it as your work-related project for train-the-trainer, you must obtain approval from one of the train-the-trainer program coordinators upon acceptance into the train-the-trainer program. The majority of the work on the project must be completed on the job. Prior to completing this portion of the application, it is suggested that you discuss and finalize the subject area/topic for your project with your immediate supervisor/manager.

Please indicate below your proposed work-related project/training topic and details regarding how it will be implemented at your agency. Some part of your proposed project must involve training in the classroom.

Manager/Supervisor's Signature: _____



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Manager/Supervisor Approval

This portion of the application is completed by the applicant’s direct manager/supervisor. The purpose of the TtT Program is to enable your staff person to further develop skills in curriculum development and training. This certificate program is targeted to individuals whose current job duties involve creating curriculum and delivering training programs to agency staff. Acceptance into the program is based on the degree of involvement your staff person currently has in curriculum development and staff training.

This is a rigorous 8 month program that runs from March, 2014 to October, 2014 and includes 15 classroom days and completion of a work-related independent work-related project based on the classroom portion of the training. Individuals are expected to be given time on the job to work on a work-related project during the course of the program. Certificates of completion are awarded on the last day of class on October 23, 2013. Graduates are encouraged to attend to receive them in person, as are their supervisors.

By signing the application and recommending your staff person for the TtT Program, you acknowledge the following program requirements:

- The individual is expected to be released to attend 15 classroom days
- Time will be given on the job during the span of the program to complete an independent work-related project
- I am responsible for overseeing the candidate’s work-related class project progress, content, accuracy and completeness
- Your agency authorizes and is responsible for payment of \$105 or the certificate program

| | | | |
|---------------------------------|--|-----------------------|--|
| Approval Manager’s Name: | | | |
| Job Title: | | | |
| Work Phone No.: | | Email Address: | |

Please state your reason(s) for recommending your employee for the TtT Certificate Program. Please include the percentage of time he or she conducts staff training, curriculum development or other training and development-related duties:

| | |
|---|--------------|
| Manager/Supervisor’s Signature | Date: |
| Fiscal Approval Manager’s Signature**: | Date: |

**** Fiscal Approval Manager signature is required if the Manager/Supervisor does not have fiscal approval authority to authorize payment.**

