



State of Connecticut Train-the-Trainer (TtT) 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.

Mail or fax applications to: Deana Giordano, at CT Department of Labor, Staff Development, 200 Folly Brook Blvd, Wethersfield, CT 06109, fax # 860-263-6028

Applications are due by July 9th 2010, 4:30 p.m. You will be notified by July 30th regarding acceptance into the program. Printed copies only - which can be mailed or faxed.

Please Print

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 duties.

- Develop curriculum
- Conduct staff training
- Facilitate groups

- Develop training needs assessments
- Conduct training evaluation
- Other _____

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.

Contact Deana Giordano with any questions regarding the application at 860-263-6677.

