Clear Form

Early Care & Education Projects Trainer Checklist

Course Title: --select one-- Dates of Training: _____

Course ID#: _____ Location: _____

Trainer: _____ Sponsoring Institution _____

Number of participants pre-registered: ☐ **Number of participants attended:** ☐ **Number of participants completed:** ☐

Has anything about the training CHANGED since it was originally registered? If so, complete this section:

Dates of Training: _____ Location: _____

Start time: _____ End time: _____

Trainer(s): _____

Please place a checkmark to verify that you have completed each of the following requirements before submitting training documentation to Early Care & Education Projects:

✓	*Required Submissions*
☐	**ECEP Course Submission** — *Obtain Course ID number through the online TAPP registration process and submit by email to ecepinfo@uark.edu four weeks PRIOR to the beginning of the first day of training.*
☐	**Sign-in Sheets** — *Submit electronically by scanning or emailing an image to ecepinfo@uark.edu.*
☐	**CEU Participant Report** [if applicable] — *Follow instructions on CEU form. Do not staple.* ***DO NOT SEND CASH.*** Was this class embedded for college credit? ◯ YES ◯ NO CEUs were offered through ◯ UNIVERSITY OF ARKANSAS ◯ OTHER ACCREDITED INSTITUTION ◯ NO CEUS WERE REQUESTED If through another institution, how many participants requested them? ☐
☐	**Trainer Checklist** — *Complete* ***ALL*** *portions of this form and submit via email to ecepinfo@uark.edu.*

✓	*Other Required Items*
☐	**TAPP Training Registration** — *Complete online four weeks PRIOR to the beginning of the first day of training.*
☐	**Mobile Attendance** — *Submit electronically to TAPP.*

✓	*Participant Items*
☐	☐ N/A **Pre-Test** — *Questionnaire link sent to each participant.*
☐	☐ N/A **Post-Test** — *Questionnaire link sent to each participant.*
☐	☐ N/A **Course Evaluations** — *Questionnaire link sent to each participant.*
☐	☐ N/A **TAPP Registry Evaluations** — *Reminded participants to complete online.*

Date Submitted: _____