

CEU TRAINING APPLICATION FORM

Region 4 Professional Development Partnership (R4PDP)

- **Pre-registration is required. Walk-ins will not be accepted. Please complete one application per person, make a check or money order out to CCRC and mail to:** Training Application, CCRC Professional Services, 130 Bishop Allen Dr., Cambridge, MA 02139 **OR** email application with complete credit card information to zickol@ccrcinc.org. Applications will not be taken over the phone. Application Forms submitted incomplete or without correct payment will not be processed. **If you would like a receipt**, you must request this in email. Applications with payment for all CEU trainings must reach the Professional Services office by mail or email at least **7 days before training begins**.
- EEC funding that supports these trainings is intended to benefit all types of educators and providers in the Early Education and Out-of-School-Time field in Massachusetts, but priority must be given to providers and educators serving children with EEC subsidies (vouchers or contracted slots).

First Name: _____ **Last Name:** _____ **EEC Registry Number:** _____ **Date of Birth:** _____

- You must have an EEC Professional Qualifications Registry number to participate in any R4PDP or EPS funded activity. You cannot attend without this number. This policy applies to educators working in any ECE or OST setting. To register, go to <https://www.eec.state.ma.us/PQRegistry/> **BULK DISCOUNT:** If three educators from one program attend a training, you receive 1 additional training seat free!

Provider/Program Name: _____ **Program Number:** _____ (Please ask Director/Administrator)

Work Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Work Phone:** _____

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Home Phone:** _____ **Cell:** _____

Email Address: _____ **If you would like a confirmation, you must provide an email address. Otherwise, you may call and ask for confirmation.**

- **Does your program currently serve children with EEC Vouchers or Contracted Slots?** yes no
- **Type of Program/Provider:** Family Child Care Center-Infant/Toddler Center-Preschool Center-School Age Public School
- **I am a (an):** Administrator Family Child Care Provider Lead Teacher Teacher Assistant Other _____
- **FCC Providers:** Independent Part of Family Child Care System; Which System? _____
- **Confirmation:** At least 3 business days prior to the training start date, you will receive a confirmation with time and location details **by email. Please bring your confirmation letter to the training.**
- **Snow Policy:** Cancellations due to weather will be announced on the day of the training at 617-547-1063, Ext. 290 after 7:00 AM for a morning training and after 3:00 PM for an evening training. Follow individual college snow policies for all COLLEGE classes.

Name of Training	Training Dates	Location	Payment Amount

TOTAL AMOUNT PAID: _____

Checks and credit card numbers will now be processed when received with completed application form. Refunds will be issued in the case of full or cancelled trainings or change in dates/locations ONLY.

Payment: Check enclosed, made out to "CCRC" Money Order enclosed, made out to "CCRC" Credit card payment

If credit card, check type of card and fill in information below: VISA MasterCard Discover

Name as it appears on the credit card: _____

Number: _____ Security Code: _____ Expiration Date: ____ / ____ / ____

R4PDP

Serving the Early Childhood & Out-of-School Time Field

Child Care Resource Center
130 Bishop Allen Drive, Cambridge, 02139
zickol@ccrcinc.org, 617-547-1063, ext.237
www.cccrcinc.org

OFFICE USE ONLY NOTES: _____ IPDP: YES [], IPDP Date Received: _____
 FORM Date received: _____, Copy to Office: YES [], Entered in Excel: YES [], Check or Money Order #: _____, Credit Card Processing Date _____, "4 for 3 Deal": # Free: _____