

South Carolina Program for Infant/Toddler Care (PITC) Network



Infant/Toddler Specialist Application

Please check all modules in which you are certified:

Module I Module II Module III Module IV Beginning Together

Contact Information:

Name					
Employer				Position	
Direct Phone		Ext:		Direct Fax	
Mobile Phone				Alternate Phone	
Primary E-Mail					

Note: Please place a check in the box next to the address (**Primary Employer or Home**) you wish to use as your **Primary Mailing Address**.

Primary Employer/Organization: (Please Check if Self-Employed:)

Employer Name					
Address					
City		State		Zip	
County					
Main Phone		Ext		Main Fax	
www address					

Home Address:

Address			
City	State	Zip	
County			
Home Phone		Home Fax	

Ethnicity: (select one)

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Mixed Heritage |
| <input type="checkbox"/> Hispanic or Latino (please specify) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Honduran | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Colombian <input type="checkbox"/> Costa Rican <input type="checkbox"/> Cuban | |
| <input type="checkbox"/> Don't Know | |
| <input type="checkbox"/> Other: _____ | |

Are you willing to provide training in a second language? _____

If so, which language(s)? _____

Education:

Degree	School	Major	Completion Date (Month/Year)
			/
			/
			/
			/

- Specify coursework in infant/toddler growth and development:

Professional References:

Please list two professional references whom we may contact.

Name	Employer & Title	Phone #

Professional Certification: (i.e. CCCCD, ITERS, etc.)

**Infant/Toddler Specialists MUST be CCCCD Certified Trainers and Technical Assistance Providers*

Certification	Completion Date (Month/Year)
	/
	/
	/
	/

- Please indicate the setting(s) within the scope of your **current job** in which you might offer *The Program for Infant/Toddler Care* training(s):

- Please describe the types of programs where you have provided **training** (e.g., infant/toddler care centers, networks of family child care providers, community colleges, early intervention programs):

- Please describe the types of **technical assistance** you have provided to infant/toddler programs:

- Please describe the general populations of infant/toddler **caregivers** you have trained (e.g., ethnicity, culture, language, education level, amount of experience with infant/toddler caregiving, type and amount of training they have received):

- Please indicate the geographical regions/locations where you have provided training to infant/toddler programs:

Rural Urban Suburban

- Please describe your experience working directly with **infants and toddlers**.

PITC Training Experience:

Please indicate (by checking the appropriate boxes) the topics you have taught in your previous PITC trainings:

<u>Topic</u>	<u>Frequently</u>	<u>Occasionally</u>	<u>Prefer</u>
Caregiving Routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Development & Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuity of Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culture & Identity Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culture, Language & Cognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclusion of Children with Special Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Development & Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnerships with Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsive Caregiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social-Emotional Milestones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socialization & Guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting Individual Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young, Mobile & Older Infants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Related Topics:</u>			
Budgeting for Quality in Infant/Toddler Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Issues for Family Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staffing Patterns for Center-Based Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting Breast Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>Please Specify</i>): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PITC Video Use:

Please indicate the videos you have used in your previous PITC trainings and the frequency with which you have used them (check appropriate column):

	<u>Frequently</u>	<u>Occasionally</u>	<u>Never</u>
Discoveries of Infancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Moves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible, Fearful, or Feisty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in Tune	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Our Hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's Not Just Routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective Urges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectfully Yours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Space to Grow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking Points: Essential Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking Points: Protective Urges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Ages of Infancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Together in Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Availability:

Please indicate your availability to provide technical assistance and training (check all appropriate columns):

<u>Year round:</u>	<u>Spring:</u>	<u>Summer:</u>	<u>Fall:</u>	<u>Winter:</u>
<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day
<input type="checkbox"/> Weekday	<input type="checkbox"/> Weekday	<input type="checkbox"/> Weekday	<input type="checkbox"/> Weekday	<input type="checkbox"/> Weekday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
<input type="checkbox"/> Saturday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Saturday

Number of hours you expect to be able to commit to **Technical Assistance** each month.

Number of hours you expect to be able to commit to **Training** each month.

Travel Distance:

Please indicate the mileage you would be willing to travel to conduct infant/toddler caregiver training:

0-20 mi.	21-40 mi.	41-50 mi.	51+ mi.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Start Date:

When would you be able to begin providing PITC Infant/Toddler Specialist Network technical assistance & training? _____

Local Recruitment

Please list any infant and toddler programs caring for children birth to 36 months old in your area that you think may be interested in participating in the PITC Infant/Toddler Specialist Network training and technical assistance. Information about the SC PITC Infant/Toddler Specialist Training Network will be mailed to them.

Center-based Program or **Family Child Care Provider**

Program Name:			
Contact Name:		Contact's Position:	
Address:			
City:		State:	Zip:
County:			
Main Phone:	Ext:	Main Fax:	
www address:			

Center-based Program or **Family Child Care Provider**

Program Name:			
Contact Name:		Contact's Position:	
Address:			
City:		State:	Zip:
County:			
Main Phone:	Ext:	Main Fax:	
www address:			

Center-based Program or **Family Child Care Provider**

Program Name:			
Contact Name:		Contact's Position:	
Address:			
City:		State:	Zip:
County:			
Main Phone:	Ext:	Main Fax:	
www address:			

APPLICATION SUBMISSION

Please send completed application to:

SC PITC Network
USC CDRC
1530 Wheat Street
Columbia, SC 29201

OR

Fax: (803) 777-0549



Questions? Contact:

Kerrie L. Welsh – Director, South Carolina PITC Network
Phone (803) 477-5627
klwelsh@sc.edu