Documentation of Training: Instructions

Thirty (30) training hours earned in the PAST 5 YEARS are needed to document current knowledge in the ABE Authorization Course Competencies. Use additional forms as necessary. DO NOT submit more than 40 hours of training. It is not required to submit documentation of participation in the training activities.

The content of the training events listed on the form must address one or more ABE Authorization Course Competencies in the course(s) for which equivalent coursework is/are being submitted. See the competencies on the Evaluation of Equivalent Coursework forms in Section 6 of the ABE Authorization Handbook or the list of competencies in Section 10. It is preferred that applicants list training activities in which they have participated rather than training they have delivered. If applicants choose to list trainings they have delivered, the training can only be listed once if it was offered multiple times to different audiences.

The required coursework hours for EDU 131-135 (or the equivalent coursework) are **NOT ELIGIBLE** training hours and should not be listed on the Documentation of Training form.

Instructions

Provide the required information on the Documentation of Training. Use additional forms if necessary.

1. Type your first and last name.
2. List each training activity in chronological order.
3. For each training activity (conference session, workshop, teacher in-service, etc.) provide the:
   - Title (name of the training)
   - Date(s) on which the training occurred (month, date and year - Example 7/8/10)
   - Total number of hours for each training activity. Each breakout session must be documented individually. DO NOT put the total number of hours for a one or two day conference such as CAEPA Rendezvous, CoTESOL, TESOL, MPAEA, or the Literacy Coalition mini-conference.
   - Event (Provide the name of the conference or workshop. If the training was not a conference or workshop with a variety of sessions and presenters the event will be the same as the title.)
   - Location of the training activity (city and state)
   - Presenter's name(s) (Provide the first and last name of the presenter(s) who facilitated the training activity.)
   - One or more course competency numbers that were addressed by the training. The course competencies are available in Section 10 of the handbook.
   - A brief statement that explains how the training addressed one or more ABE Authorization Course Competencies in the course(s) for which equivalent coursework is being submitted

Documentation of Training

See the instructions in Section 6.9 BEFORE completing this form. For a completed sample of this form, see Section 5.

Applicant Name:_____

Title/Name of training:_____**Date(s)**_____**# of hours** _____
Event _____**Location** _____
Presenter(s) _____
Authorization Course Competency(ies) Addressed: _____
Statement:

Title/Name of training:_____ **Date(s)**_____**# of hours** _____
Event _____**Location** _____
Presenter(s) _____
Authorization Course Competency(ies) Addressed: _____
Statement:

Title/Name of training:_____ **Date(s)**_____**# of hours** _____
Event _____**Location** _____
Presenter(s) _____
Authorization Course Competency(ies) Addressed: _____
Statement:

Documentation of Training

Title/Name of training:_____**Date(s)**_____**# of hours** _____
Event _____**Location** _____
Presenter(s) _____
Authorization Course Competency(ies) Addressed: _____
Statement:

Title/Name of training:_____ **Date(s)**_____**# of hours** _____
Event _____**Location** _____
Presenter(s) _____
Authorization Course Competency(ies) Addressed: _____
Statement:

Title/Name of training:_____ **Date(s)**_____**# of hours** _____
Event _____**Location** _____
Presenter(s) _____
Authorization Course Competency(ies) Addressed: _____
Statement:

Documentation of Training

Title/Name of training:_____**Date(s)**_____**# of hours** _____
Event _____**Location** _____
Presenter(s) _____
Authorization Course Competency(ies) Addressed: _____
Statement:

Title/Name of training:_____ **Date(s)**_____**# of hours** _____
Event _____**Location** _____
Presenter(s) _____
Authorization Course Competency(ies) Addressed: _____
Statement:

Title/Name of training:_____ **Date(s)**_____**# of hours** _____
Event _____**Location** _____
Presenter(s) _____
Authorization Course Competency(ies) Addressed: _____
Statement:

Documentation of Training

Title/Name of training:_____**Date(s)**_____**# of hours** _____
Event _____**Location** _____
Presenter(s) _____
Authorization Course Competency(ies) Addressed: _____
Statement:

Title/Name of training:_____ **Date(s)**_____**# of hours** _____
Event _____**Location** _____
Presenter(s) _____
Authorization Course Competency(ies) Addressed: _____
Statement:

Total Number of Hours_____

(Minimum of 30/ Maximum of 40)

I certify that the above information accurately reflects the most relevant training specific to adult education and/or family literacy in which I have participated during the past 5 years.

_____ _____
Applicant's Signature Date