Early Care and Education - Training Records Information System
Training Information Cover Page

TRAINING INFORMATION AREA   Submitted by (if not trainer): _____   Phone Number: _____

Training Title: _____

Delivery Method: _____

Start Date: _____   End Date: _____   Start Time: _____   End Time: _____   Time Zone: _____

Credit Hours: _____   Count towards Annual Requirement?   ○ YES   ○ NO

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*Please refer to the **Training Detail Descriptions** document within the **FORMS** area on the website for code definitions.*

Target Audience:(Required)   ☐-1 ☐-2 ☐-3 ☐-4 ☐-5 ☐-6 ☐-7 ☐-8 ☐-9 ☐-10 ☐-11 ☐-12 ☐-13 ☐-14 ☐-15 ☐-16 ☐-17

Train**ing** Level: (Required)   ☐-1 ☐-2 ☐-3 ☐-4 ☐-5   Core Content SA (Choose 1 - 2 only):   ☐-1 ☐-2 ☐-3 ☐-4 ☐-5 ☐-6 ☐-7
*This is <u>not</u> the same as   (Choose only one)
your Train**er** Level   CDA SA (Choose 1 - 2 only):   ☐-1 ☐-2 ☐-3 ☐-4 ☐-5 ☐-6 ☐-7 ☐-8

Training Description: (Required)

[   ]

Was this training conducted **independently**?   ○ YES   ○ NO   If **NO**, indicate **Training Agency Sponsor:**

TRAINING LOCATION: (Required) _____   ZIP CODE: _____

TRAINER NAME: _____   EMPLOYER: _____
Credential #: _____   Phone Number: _____   Email: _____

TRAINER NAME: _____   EMPLOYER: _____
Credential #: _____   Phone Number: _____   Email: _____

A trainer signature is not required: if you are (1) a credentialed trainer entering your training; (2) an agency entering on behalf of a trainer; or (3) a DCC Approved event with agency access to assign credit. Remember to Attach/Upload your training documents within the Assign Credit area AND click Submit as Complete to TRIS

DCC Approved events without data entry access submit with Participant Sign-in Sheet By Email: ecetris@ky.gov
Visit us on the web at: https://ece.trc.ky.gov