



Sponsor Submission Worksheet

Submit this worksheet with the completed attendance form after the training or community of practice happens.

We encourage you to use a secure file transfer to send us your documents in a way that protects attendees' personal information. If you follow the steps below, you can use a service called ZendTo to send your documents securely to Northern Lights.

- Visit <https://zendto.vsc.edu/> and select "Drop-off"
- On the next page, enter your name and email address and ZendTo will send you an email to confirm your identity
- In their confirmation email, you'll find a ZendTo link – click the link and it will open a ZendTo portal you can use to securely send us your documents.
- Upload your documents and send the message to professionaldevelopment@ccv.edu

For Trainings that take place over multiple dates, and for Communities of Practice (CoP), submit attendance for all sessions together at the end of the entire series. For ongoing CoPs, submit attendance at least quarterly.

Sponsor (organization)	
Sponsor Contact Name	
Contact Phone Number	
Contact Email	

- I am submitting a Training or a Training Series
- I am submitting a Community of Practice

Title	
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Brief Description:

For a single session training, enter the information for Session #1. For a multi-session training or community of practice, enter the information for each session. Include day/month/year.

Session #	Date	Start Time	End Time	Session #	Date	Start Time	End Time
1				7			
2				8			
3				9			
4				10			
5				11			
6				12			



Total Hours	
Region / Location	
Cost	
Instructor or Facilitator Name	

Special Topics (check if applicable):

<input type="checkbox"/>	Afterschool	<input type="checkbox"/>	First Aid and/or CPR
<input type="checkbox"/>	Fundamentals for Early Childhood Professionals	<input type="checkbox"/>	Medication Administration
<input type="checkbox"/>	Advanced Specialized Care ²	<input type="checkbox"/>	Strengthening Families Framework ³
<input type="checkbox"/>	Basic Specialized Care		

Core Knowledge Areas (select one or two):

<input type="checkbox"/>	Child Development and Learning	<input type="checkbox"/>	Professionalism and Ethical Practice
<input type="checkbox"/>	Family and Community Partnerships	<input type="checkbox"/>	Youth Engagement, Voice, and Choice
<input type="checkbox"/>	Developmentally Appropriate and Inclusive Practices	<input type="checkbox"/>	Safety and Wellness
<input type="checkbox"/>	Curriculum and Learning Environments	<input type="checkbox"/>	Program Planning and Development
<input type="checkbox"/>	Observation and Assessment		

Primary Audience:

<input type="checkbox"/>	Infant / Toddler Educators	<input type="checkbox"/>	Preschool / PreK Educators
<input type="checkbox"/>	School Age Educators	<input type="checkbox"/>	Instructors of Adults
<input type="checkbox"/>	Mentors / Coaches	<input type="checkbox"/>	Program Directors / Managers

Level (select one):

<input type="checkbox"/>	Introductory	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced
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Other Notes (please include details about the format of the training or CoP; and any out of class hours counted in the total, etc.)

² Advanced Specialized Care trainings must meet the criteria at:

<https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/PD/ASC-Training-Guidance.pdf>

³ To count as a Strengthening Families training, the instructor must be an approved Strengthening Families instructor and the training must meet other criteria identified by CDD. More detail at:

<https://northernlightsccv.org/training/training-types-and-criteria/>