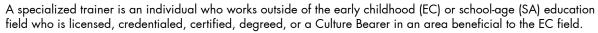


Specialized Trainer Approval Application



The state of the s	
	A
CEED	مظهر
System for Early Education Development	
System for Early Education Development	

I certify that the information on this application	n is true and accurate to the best of my know	ledge.		
Signature:	Date:			
Contact Information				
Name:	Organization/Affiliation:			
Position/Title:	Phone:			
Email:	Website:			
Address:	City:	State:	Zip:	
Content Areas				
Please list all content areas for which you are seel ical; mental health provider; licensed clinical societor their indigenous knowledge, skills, values, beliand for the number of clock hours of training expenses.	al worker; psychology, counselor, Native elde efs, and lifeways of their cultures). Please list	ers; tradition or cultur	re-bearers (recognized	

Content area: Years of experience: Clock hours trained:

Please submit proof of meeting the specialized trainer requirements relevant degree, license, credential, or certificate, or transcript of training or coursework in the above contact areas with this application to:

Alaska SEED
3350 Commercial Drive, Suite 203
Anchorage, AK 99501
email: info@seedttas.org

fax: 907.265.3132

Applications will be processed in order of receipt within 30 business days.

