



Early Learning Coalition of the Nature Coast
Serving Citrus – Dixie – Gilchrist – Levy – Sumter Counties

TIP Program - Training Prior Approval Form

Name: _____ Social Security Number: _____
 Employer: _____ Home Phone Number: _____
 Employer's Address: _____ Employer's Phone Number: _____
 _____ County: _____
 Hire date with present employer: _____

Training Information

Title of training: _____ Date of training: _____
 Number of hours: _____ Agency, organization, or trainer offering the training: _____

Directions for submission:

1. Complete this prior approval form and W-9 form **at least two weeks before attending the training**
2. Attach copy of training flyer, agenda, or other documentation that describes the training content
3. Attach proof of completion of twelve (12) required in-service hours for the current fiscal year
4. If you have questions, call Ingrid Ellis at (352) 563-9939 x228 (Citrus County), Tonya Hiers at (352) 490-5855 (Dixie, Gilchrist, and Levy Counties), or Sandra Woodard at (352) 793-5430 (Sumter County)
5. Submit the completed prior approval form, W-9 form, and supporting documentation to the Coalition office for your county:

Main Office
1564 N Meadowcrest Blvd
Crystal River, FL 34429

Chiefland Office
212 N Main St
Chiefland, FL 32626

Bushnell Office
114 Jumper Dr North
Bushnell, FL 33513

I hereby certify that I hold an approved, current early childhood credential. I also certify that this training qualifies as additional training hours, as defined in the program guidelines.

Applicant Signature

Date

I hereby certify that the above-named applicant has been continuously employed at my facility for the length of time stated above. I also certify that this employee has completed the required twelve (12) in-service hours this fiscal year, in addition to this training activity.

Employer Signature

Date

For Coalition use only

Verification of employment/hire date _____	Verification of required in-service hours _____
Verification of current credential _____	Documentation attached _____
Stipend level _____	Number of hours _____
Training activity approved _____	Stipend amount if completed _____
Date verified _____	Coalition staff initials _____