



**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

<i>For Coalition use only</i>	
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 _____