



Instructor Registry Application

Purpose: The purpose of the Instructor Registry is to ensure that quality instruction is available statewide to individuals working with or on behalf of children. To accomplish this, an approval panel process determines that competent instructors are qualified to provide professional development. Please refer to the Instructors page for Instructor Levels, details on purpose and rationale, preparing to apply, definitions of terms, supporting instructors, review of approval panel process, updating and renewing your profile, and frequently asked questions.

Click here to return to the [Northern Lights Career Development Center](#) homepage.
Click here to return to the [Instructors](#) page.

Existing Users, Log in Here:

To return to your application or update your completed profile, enter your email address and password here.

Email:

Password:

New Instructor Application

(Step 1 of 6) INSTRUCTOR LEVEL

Welcome to the first step of the application process!

How did you hear about the Instructor Registry, and why have you decided to apply?

Please check the Instructor Level that you are applying for:

- Master
- Certified
- Affiliate I
- Affiliate II
- Specialist I Please identify your specialty area:
- Specialist II Please identify Your specialty area:

Your application will become your instructor profile once approved, and may be seen by the public if you choose. Be sure to check your spelling and grammar before submitting, and avoid using bullets, dashes and apostrophes. The system does not recognize these symbols when transferring from application to profile.

Affiliate I and II and Specialist I Instructors will require a supporting instructor. You can select a supporting instructor from the list of approved Certified and Master Instructors in the Instructor Registry.

Certified and Master Instructors may be asked to be supporting instructors for new applicants. See the Instructors page for more details.

(Step 2 of 6) CONTACT INFORMATION

Name:(first/last)

Mailing Address:

City, State:

Zip Code:

VT County:

Best Phone:

Email:

Password:

The password you choose, along with the email address entered above, will allow you to return to your application at a later time.

(Step 3 of 6) EMPLOYMENT

Current Employer:

Address:

City, State:

Zip Code:

Work Phone:

Your Position/Title:

Other Information:

(Secondary contact information, best contact time, etc.)

Are you a higher education institution
(college or university) instructor?

Yes

No

(Step 4 of 6) EDUCATIONAL BACKGROUND

	Degree	Field/Major
Degrees Earned: (Check all that apply)	<input type="checkbox"/> High school diploma or GED	n/a
	<input type="checkbox"/> Associate degree	
	<input type="checkbox"/> Bachelor's degree	
	<input type="checkbox"/> Master's degree	
	<input type="checkbox"/> Doctoral degree	
	<input type="checkbox"/> Child Development Associate	
	<input type="checkbox"/> Professional certificate, license or credential:	

Please submit a copy of your transcripts or diploma in any of the following ways.
If you are a Higher Education Instructor, you may waive this requirement.

- 1) Scan and e-mail supporting documents to: vtnlight@ccv.edu
- 2) Fax supporting documents to the Vermont Northern Lights Career
Development Center @ 802-885-8454, Attention: Instructor Registry
- 3) Mail supporting documents to:
Vermont Northern Lights Career Development Center
CCV – 307 South St.
Springfield, VT. 05156 Attention: Instructor Registry

Supporting Information

Please provide any other supporting information pertaining to your educational background (recent experience, college credits, professional development, etc.):

Instruction Received

Have you received formal instruction in adult education or in the facilitation of learning for adults?

- Yes
- No

If this instruction was not sponsored by the Northern Lights Career Development Center, please identify whether it included the following learning objectives:

- Describes principles of adult learning;
- Demonstrates consideration of adult learning styles, individual needs and interests when planning professional development activities;
- Includes assessment and evaluation of how the learning activity met its objectives;
- Demonstrates principles of effective planning and instruction of adult learning experiences, and
- Applies strategies that support interactive learning experiences

Formal instruction in adult education or in the facilitation of learning for adults included the learning objectives listed above?

- Yes
- No

(Step 5 of 6) WORK EXPERIENCE

Work Experience

Complete this section and submit your resume or curriculum vitae in any of the following ways:

1. Attach your resume below.
2. Email to: vtnlight@ccv.edu
3. Mail to: Vermont Northern Lights Career Development Center
CCV – 307 South St.
Springfield, VT. 05156 Attention: Instructor Registry

Resume: If you are completing this application electronically, and your resume is in a common file format (Word, PDF, etc.) you can attach it to your application here:

Your resume is for approval purposes only and will not be visible to the public in the Instructor Registry. To share your work experience in your public Instructor Registry profile, include a brief summary below. You can also cut and paste directly from your resume. List job title, organization, location, primary responsibilities, and dates of involvement:

Instructional Experience

Please provide information relevant to your *most current* experience providing instruction to adults. Both group and individual instruction may be listed, although individual instruction cannot exceed ½ of your total accumulated hours. For each instructional experience, list the title, date(s) provided, whether the instruction was provided to an individual or group, and the number of contact hours:

Course/Training Activity	Date (s)	Individual or Group Instruction?	Contact Hours

Have you listed the minimum hours of adult instruction given required for the level of instructor that you are applying for?

- Yes
 No

Total number of hours of adult instruction given: _____

Length of Experience

How many years of experience have you had instructing adults?

- 0-5 years
- 5-10 years
- 10-15 years
- More than 15 years

Supporting Instructor

If you are applying at the Affiliate I, II or Specialist I level, please list the name of a supporting instructor who has agreed to accept responsibility for helping you to plan, implement and evaluate the training you will provide. That person must be at the Certified or Master Level in the Instructor Registry.

Supporting Instructor's Name:

Professional References

Please list 2 professional references, not related to you, who could be contacted regarding your skills as an instructor.

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

(Step 6 of 6) Areas of Instruction

This information will be helpful to those seeking your services in the Instructor Registry.

Core Knowledge Areas

Check your primary area(s) of instructional expertise according to the Vermont Northern Lights Core Competencies for Early Childhood Professionals and/or Core Competencies for Afterschool Professionals. For a definition of Core Knowledge Areas and Subheadings, follow the links below or visit the Core Competencies page on the Northern Lights Website. <http://northernlightscdc.org>

[Core Competencies for Early Childhood Professionals-Core Knowledge Areas and Subheadings](#)

[Core Competencies for Afterschool professionals – Core Knowledge Areas and Subheadings](#)

Please select your Core Knowledge Areas thoughtfully. Your selection(s) should identify the areas of knowledge in which you are competent to train. Your selection(s) will also help sponsors locate you when searching the Instructor Registry. (Specialists may select up to two Core Knowledge Areas related to their specialty area.)

- | | |
|---|---|
| <input type="checkbox"/> Child Development
(Early Childhood) | <input type="checkbox"/> Child and Youth
Development
(Afterschool) |
| <input type="checkbox"/> Families and
Communities (Early
Childhood) | <input type="checkbox"/> Curriculum and
Learning Environment
(Afterschool) |
| <input type="checkbox"/> Teaching and Learning
(Early Childhood) | <input type="checkbox"/> Families and
Communities
(Afterschool) |
| <input type="checkbox"/> Healthy and Safe
Environments (Early
Childhood) | <input type="checkbox"/> Healthy and Safe
Environments
(Afterschool) |
| <input type="checkbox"/> Professionalism and
Program Organization
(Early Childhood) | <input type="checkbox"/> Professionalism and
Program Organization
(Afterschool) |

Curricula

If you are certified, approved, or have the expertise to provide instruction in any specific curriculum or topics (for example, Basic Specialized Care, Zero to Three: PCAN curricula, Fundamentals for Early Childhood Professionals, Level II Modules, Touchpoints, Second Step, VELS Modules, Foundations of Early Learning, etc.), please list:

Are you willing to be contacted through the Instructor Registry to provide instruction in your area of expertise other than in those curricula you listed above?

- Yes
- No

Languages

If you are qualified to instruct in a language other than English (including American Sign Language), please list here:

Educational Philosophy

Please list 3 different strategies that are central to your beliefs about instructing adults:

Do you give consent for your Instructor Profile, including information you provided in this application, to appear on the Vermont Northern Lights Instructor Registry? This allows professional development sponsors who are looking for instructors to locate you through an on-line search of the Registry.

- Yes
- No

Fees for Service (if applicable)

Please identify your instructor fee and any other information that would be helpful for professional development sponsors considering hiring you. If your

fees are negotiable, inform sponsors to contact you.

Travel

Maximum Travel Distance: _____miles

Regions covered:

- | | | |
|---|--|--|
| <input type="checkbox"/> *Inquire with Instructor | <input type="checkbox"/> Essex County | <input type="checkbox"/> Orleans County |
| <input type="checkbox"/> Addison County | <input type="checkbox"/> Franklin County | <input type="checkbox"/> Rutland County |
| <input type="checkbox"/> Bennington County | <input type="checkbox"/> Grand Isle County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Caledonia County | <input type="checkbox"/> Lamoille County | <input type="checkbox"/> Windham County |
| <input type="checkbox"/> Chittenden County | <input type="checkbox"/> Orange County | <input type="checkbox"/> Windsor County |

Thank you!