



**NATIONAL FAMILY DEVELOPMENT CREDENTIAL® PROGRAM**  
**FDC™ Instructor & Advisor Training Institute Application**  
 September 16-19, 2024 - Seattle, WA

Name: \_\_\_\_\_

*Please type or print clearly.*

Position: \_\_\_\_\_

Agency Full Name (acronym): \_\_\_\_\_

Agency Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Year completed \_\_\_\_\_

(AS/BS/MA/PHD) \*A minimum of a Bachelor's degree is required or a direct oversight by an FDC Instructor with a BA (name) \_\_\_\_\_.

Private consultants are not eligible without a sponsoring agency/signature.

**Application deadline: Friday, 8/16/24. Early bird 7/12/24.** A limited number of spaces will be available. Applications will be accepted on a first come basis. To be considered, please return completed application with answers and signatures to the National FDC Program Manager at [nationalfdc@uconn.edu](mailto:nationalfdc@uconn.edu). Once the review process is complete, applicants will be notified via email.

**Fees:** 1) The \$975/\$875 registration fee will be invoiced following acceptance. 2) Required FDC publications \$170. 3) Hotel guest room block \$199/n. Additional event & travel info will be provided upon acceptance.

**Statements of Commitment by Candidate and Supervisor**

Candidate's commitment - If accepted, I will make a commitment to attend and actively participate in all four (4) full days of the FDC Instructor's Training Institute. I plan to offer an FDC *Empowerment Skills for Workers Series* in my community/state or promote the series within my agency, community, or state system and agree to abide by the National Family Development Credential® Program Policies & Procedures.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's commitment - I support this candidate's plan to become an FDC Instructor and will work with her/him to assure that time is available for this program to be offered and provide administrative support as needed including payment of related program fees.

Supervisor's Signature \_\_\_\_\_ Print name \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's email \_\_\_\_\_ Phone# \_\_\_\_\_



**Instructor's Institute Application Questions:**

Please prepare and submit responses to the questions below (no longer than 3 pages, double-spaced). If more than one person is applying from an organization or coalition, please attach the same answers to question 5, but all applicants must complete their own responses to all other questions.

*On a separate page, please tell us:*

1. Why are you interested in becoming a Family Development Credential® Program Instructor?
2. What experience do you have as a Head Start State Association Leader, Family Service Worker, Home Visitor, Parent, or another role?
3. Do you have any previous experience with the Family Development Credential® Program (for example earned the FDC; taught FDC in another location (Where? When?), FDC portfolio advisor? Read *Empowerment Skills for Family Workers*?
4. What experience do you have leading interactive training, college instruction, or professional workshops?
5. How do you envision offering the Family Development Credential® Program in your community or state?