



National Family Development Credential® Program
FDC™ Instructors' Training Institute Application Form

Graduate Hotel Storrs, CT – UConn campus
September 12-15, 2022

Name: \_\_\_\_\_ FDC Credentialed? Y/N
Please type or print clearly.

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

Organization full name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date completed \_\_\_\_\_

\*A Bachelor's Degree is required or a direct oversight by an FDC Instructor with a BA

Application process: Applications should be submitted no later than August 5, 2022 by 3pm ET. Please note that there are a limited number of places and applications will be accepted on a first come basis. Please return completed application to the National FDC Program Manager at nationalfdc@uconn.edu. Also, Cc your signing supervisor when submitting. Once the review process is complete, applicants will be notified via email. Following acceptance, an invoice will be provided for the \$900.00 registration fee.

Instructor's Institute Application Questions: Please prepare and submit responses to the following three questions: (no longer than 3 pages, double-spaced)

- 1. Summary of role facilitating or supporting FDC
2. Experience facilitating other interactive trainings, college instruction or professional workshops
3. How do you envision offering the "Empowerment Skills for Workers" series in a manner that complements existing FDC courses in your community?

If more than one person is applying from an organization or coalition, please attach the same answers to question 3, but all applicants must complete their own responses to questions 1 and 2.

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Statements of Commitment by Candidate and Supervisor

Candidate's commitment - If accepted, I will make a commitment to attend all five days of the FDC Instructor's Training Institute. In the coming year, 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.

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

Supervisor's commitment - I support \_\_\_\_\_'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.

Signature \_\_\_\_\_ Print name \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Electronic signatures will be accepted due to social distancing restriction during Covid-19.