



National Family Development Credential® Program
FDC™ Instructors & Advisor Institute Application Form

Virtual Training via WebEx

September 22-26, 2025 (10am-4pm ET)

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

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

Full Organization Name: \_\_\_\_\_

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Educational Requirement: A bachelor's degree is required or a direct oversight by an FDC Instructor with a BA,
FDC Instructor's Name: \_\_\_\_\_
Private consultants are not eligible without a sponsoring agency/signature.

Application deadline/fees: All Applications with answers should be submitted to nationalfdc@uconn.edu no later than
8/25/25 for consideration. Please 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 registration fee
(\$975) excluding the required 3 books (\$170).

Instructor's Institute Application Questions: Please prepare and submit responses with your application 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 training courses, 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 & Supervisor (Required)

Candidate's commitment - If accepted, I will make a commitment to virtually attend all 5 sessions of the FDC
Instructor's Training Institute, obtain related publications, prepare a practice activity, and ensure payment of
the registration fee.

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

Supervisor's commitment - I support the candidate's plan to become an FDC Instructor and will work with
them to ensure that time is available for this program to be offered, and all related fees are paid.

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

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

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

\*Electronic signatures will be accepted.