

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

Virtual Train the Trainer Institute via Zoom- Daily 8:30am-4:00pm ET
March 21 (Tuesday), 22 (Wednesday), 23 (Thursday), and 24 (Friday),

Name (Mr/Ms): _____ FDC Credentialed? Y/N
Please type or print clearly.

Position: _____

Full Organization Name: _____

Organization Address: _____

Town/City: _____ State: IL 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 deadline: Applications should be submitted no later than **March 17, 2023**. Please note that there are a limited number of places and applications will be accepted on a first come basis. Please return completed application with answers to Ewilliams@cc-doj.org for consideration. Also, Cc your signing supervisor when submitting. Once the review process is complete, applicants will be notified via email. Upon acceptance, an invoice will be provided registration fee and required books fee.

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 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.*

Statements of Commitment by Candidate & Supervisor (Required)

Candidate's commitment - If accepted, I will make a commitment to attend all four days of the FDC Instructor's Train the Trainer 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.