

Alaska SEED Trainer Approval Application



I certify that the information on this application is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Contact Information

Name: _____ Organization/Affiliation: _____
Position/Title: _____ Phone: _____
Email: _____ Website: _____
Address: _____ City: _____ State: _____ Zip: _____

All trainers must enroll in the Alaska SEED Registry to become a SEED Approved Trainer. If you are not a member of the Alaska SEED Registry, please go to: <https://akportal.naccraware.net/alaska/>

Years of experience in the early childhood (EC) or school-age (SA) field:
(Experience includes both classroom and relevant non-classroom experience)

Training Received

A combined total of 6 hours of training or coursework in Principles of Adult Learning (PAL)

Training Title:	Hours/Credits:
Training Title:	Hours/Credits:
Training Title:	Hours/Credits:
Training Title:	Hours/Credits:

Please submit a copy or proof of qualifications meeting current license, certificate, or transcript of training or coursework in the above content areas with this application to:

Alaska SEED
3350 Commercial Drive, Suite 203
Anchorage, AK 99501
email: info@seedttas.org
fax: 907.265.3132