

Early Childhood Conference Approval Guidelines

The Conference Approval process is required for all conferences that are requesting licensing approved training hours for the conference participants. Conferences that receive approval will be able to provide continuing education hours that can be used to meet the requirements stated within *Louisiana's Early Learning Licensing Regulations (Bulletin 137)*.

Conference Proposals must include the following:

1. The completed Training Approval Form must be submitted with the agency signature.
2. Please submit one copy of the handout being used for the conference which should include a brief description of the courses offered.
3. A copy of the "Certification of Attendance" that will be used. This must include the presenting agency's name, conference event title, area for participants name and number of clock hours.
4. Each presenter must include a resume or a Pathways provider ID.

Presenter Qualifications

- Certification with Louisiana Pathways Child Care Career Development System, or
- If particular presenters are not certified by Louisiana Pathways:
 - Provide a CV or Resume for the individual
 - Description of workshop they will be delivering

Training Topics for Conference Sessions:

- Planning a safe, healthy, learning environment
- Steps to advance children's physical and intellectual development
- Positive ways to support children's social and emotional development
- Strategies to establish productive relationships with families
- Strategies to manage an effective program operation
- Maintaining a commitment of professionalism
- Observing and recording children's behavior
- Principles of child development and learning

Complete applications for Early Childhood Conference Approval should be submitted to earlychildhood@la.gov.

Conference Title: _____

Date (s) of Conference: _____

Name of Organization: _____

Conference Contact Person: _____

Title: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

List all specific conference sessions individually completing each requested item:

Session Name	Presenter Name	LA Pathways Trainer Number	# of clock hrs.	Topic of Session

_____ Submitted by/Title

_____ Date

Please copy as many times as necessary to complete information on each presenter.