



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



March 6-9, 2018

Arkansas Community Action Agencies Association
1111 West 6th St. Ste. C - Little Rock, AR 72201

Name: _____
Please type or print clearly.

FDC Credentialed? Y / N

Position: _____

Sponsoring Organization or Coalition: _____

Street Address: _____

Town/City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail: _____

Application deadline: Applications should be submitted as soon as possible, but no later than February 2, 2018. Please note that there are a limited number of places and applications will be accepted on a first come basis. A Bachelor's Degree is required to participate. Please return completed application to the National FDC Program Manager at nationalfdc@uconn.edu or via fax: 860-486-0300. Once the review process is complete, applicants will be notified via email. Upon acceptance, an invoice will be provided for the \$625.00 registration fee (excluding books & lodging).

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.

Statements of Commitment by Candidate and Supervisor to attend the FDC Instructor's Training Institute

Candidate's commitment - If accepted, I will make a commitment to attend all four 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: _____