

## REQUEST FOR APPROVAL OF CERTIFICATION TRAINING

All training applicants must complete this form for **each** class offered. (This includes all ESC's).  
If you are requesting approval for multiple courses, please use the attached spreadsheet.

If course materials that are being used are already TASN approved, please complete Part 1 and submit to TASN at least **45 days prior to scheduled training**.

If the course is an in-district course (only applies to district-wide employees), the approval form must be sent in at least **30 day in advance**.

If the course materials that are being used have **not** been approved by TASN, please complete Part 1 and Part 2 and submit to TASN at least **60 days prior to schedule training**.

Materials that need to be approved by TASN need to be submitted to TASN via email in PDF or by regular mail. Which will be added to the TASN Curriculum Library.

Courses must be a minimum of 1hr. If a sponsor would like to teach a course in 15 min increments these times must be combined on one certificate to total 1hr+.

Once your course request is approved. TASN will create a certificate template for you that includes the statement: this class has been approved by TASN. **If you choose to use your own course certificate, please submit along with this request. The template should include: Professional Standard Code(s), title of course, Instructors name, date, TASN Level and that it is TASN approved, student name, number of CEU's.**

**If the class is not pre-approved by TASN HQ the class will NOT be considered for TASN Certification or Re-certification.**

Please review the list of Professional Standard Codes and TASN Levels on the TASN website at <http://www.tasn.net/certification-overview>

### PART 1

#### SPONSOR INFORMATION

Contact Name \_\_\_\_\_ Email \_\_\_\_\_  
School District \_\_\_\_\_ Department \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

#### TRAINING INFORMATION

TASN Certification Course Title: \_\_\_\_\_  
TASN Level: \_\_\_\_\_ In-district \_\_\_\_\_ Open Workshop \_\_\_\_\_  
Location of Training \_\_\_\_\_  
Date(s) of Class: \_\_\_\_\_

#### Actual Certification Hours per scheduled dates:

<u>Course Code</u>	<u>Time Class Starts and Ends</u>	<u>Total Hours</u>
PS Code: _____	From _____ To _____	Total Hours per class _____
PS Code: _____	From _____ To _____	Total Hours per class _____

- Check if TASN Training materials are being used (must attach course syllabus and training material)  
 Check if you **do not** wish for TASN to share these Training Materials with other approved TASN instructors

**PART 2**

**PROGRAM INFORMATION**

**Training Objectives (must attach course syllabus and all training materials)** Total Hours \_\_\_\_\_

\_\_\_\_\_  
Signature of Training Sponsor

\_\_\_\_\_  
Date

**REQUIREMENTS TO TEACH TASN APPROVED COURSES:**

Instructor must have at least one of the following:

- TASN or SNA Level 3 Certification or higher & has completed a course pertaining to training Adult Learners within the previous 5 years. (Recommended Train the Trainer).
- Bachelor's Degree & Resume
- Associates Degree + 2 years School Food Service Experience & Resume
- 5 years' experience in the Key Training Area assigned to teach & Resume
- 5 years' experience training/presenting to groups & Resume

*Training and presenting to groups should be indicated on the submitted resume.*

**INSTRUCTOR** (If instructor is not TASN Certified a copy of unofficial transcript of degree must be attached)

Only the approved material may be taught.

Name \_\_\_\_\_ TASN Member Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Title \_\_\_\_\_ TASN Certification Level \_\_\_\_\_

Credentials if not TASN certified \_\_\_\_\_

**Check if TASN Train the Trainer certified (must attach copy of certificate of completion).**

**Check if unofficial transcript or resume is included**

**\*After course is completed, please send Course Sign-in Sheets/Evaluations to TASN.**

**FOR TASN USE ONLY**

**(Approved or Unapproved application will be sent to district prior to the class date.)**

**(A certificate template will be attached for hosting district/ESC to prepare for each participant)**

Approved                       Not approved                      for \_\_\_\_\_ hours of Level \_\_\_\_\_ Certification

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Education/Training Specialist

\_\_\_\_\_  
Date

