



A NON-PROFIT ORGANIZATION
DEDICATED TO HELPING
CHILDREN AND ADULTS
DISABILITIES

MOVE International Trainer® Application (Please print legibly or type)

The Applicant listed on the signature page hereby submits this application to MOVE International for review of the individual's background/experience with the MOVE Program. This completed application is required as part of the registration process to attend a MOVE International Trainer® Course.

Minimum requirements to become certified as a MOVE International Trainer®:

- A bachelor's degree in a field related to serving people with disabilities (preferred but not a requirement)
- Completion of the MOVE Basic Provider course within the past five years
- At least one year experience using the MOVE Program after receiving Basic Provider certification
- Completed and signed MOVE International Trainer® Application
- Payment and successful completion of MOVE International Trainer® course
- Present employer is aware that they are signing as your legal sponsor
- MOVE International Trainer® Agreement signed by Applicant and Sponsor

Applicant will receive MOVE International Trainer® Agreement at the course. Signed agreement returned within 30 days of training completion date.

Name of Applicant:

Last First M.I. Date

Home Address:

Street Phone

City State (or country) Zip

E-mail Cell phone

Work Address:

Organization

Street Phone

City State (or Country) Zip

E-mail Address

Dates of Employment: From: _____ To: _____

Job title/position held: _____

Circle the environments described below which applies to your current position:

- 1. **Center-based:** Most instruction is provided at a separate environment/location from typical (non-disabled) peers.
- 2. **Integrated:** Some instruction is provided in the same environment as typical (non-disabled) peers.
- 3. **Full inclusion:** All instruction is provided with typical (non-disabled) peers.
- 4. **Home-based:** Instruction is mainly provided in the home setting.
- 5. **Adult Day Program:** Some instruction is provided in the same environment as typical (non-disabled) peers.
- 6. **Adult Residential Facility:** Instruction is mainly provided in the residential home setting.

Number and age range of current participants in MOVE Program(s) in which you are involved: _____

Categories of Disabilities: _____

Description of current work and experience relating to MOVE: _____

If employed less than two years with present employer (please complete):

Previous Employment Position and Title: _____

Date(s) of Employment with Previous Employer: From _____ To _____

Description of previous job duties and any experience relating to MOVE: _____

Do you hold a professional license or credential? If your license or credential has ever been suspended or revoked, please explain the circumstances, providing the relevant dates.

Type of License Held State or Jurisdiction of Issue

Date of Expiration License/Credential Number

Please list affiliations, publications, honors and certifications: _____

Discuss your understanding of the MOVE Program and its benefits, or any other pertinent information relevant to your application. (i.e. publications, community service, etc.)

Date of Certification as a MOVE Basic Provider: _____

Applicant certifies that all statements made in this application are true and correct to the best of Applicant's knowledge. Applicant understands that any false statements made in this application may be cause for denial of this application or subsequent termination of status. Applicant hereby authorizes any investigation to obtain information required by this application.

Applicant is in compliance with any applicable federal, state and local or other laws and regulations concerning work with children or persons with disabilities, and that Applicant has not committed any criminal or other offenses which would violate any such laws or regulations

Applicant acknowledges that MOVE International exclusively determines the criteria for MOVE International Trainer status. Applicant understands that attendance and participation in a MOVE International Trainer course does not guarantee certification. In order to maintain the integrity of the MOVE International Trainer certification, MOVE International reserves the right in its sole discretion to deny certification to any course participant based on MOVE International's evaluation of Applicant's content knowledge, proficiency in teaching and demonstrating Basic Provider course materials, skills in interacting with persons taking the Basic Provider course, or any other lawful reason.

If applicant meets the requirements of MOVE International, for certification as a MOVE International Trainer®, certification will be for a four year period from the date the signed agreement returns to the MOVE Intl. office.

Signature of Applicant: _____ **Date:** _____

Sponsor-

I have read the MOVE Site Trainer Application. I approve this Applicant for training as a MOVE International Trainer®. I understand that, if certified, Applicant will be able to train only within the authorized employment base, except as otherwise requested and/or approved by MOVE International prior to certification of the Applicant. Employment base is the physical site that the MOVE International Trainer works on a regular basis using the MOVE Program. I understand that it is the responsibility of the sponsor to ensure Applicant's compliance with any federal, state, or local laws or regulations pertaining to criminal background checks concerning Applicant's duties as a MOVE International Trainer®.

Printed Name of Sponsor: _____ **Title:** _____

Signature of Sponsor: _____ **Date:** _____

Deadline for applications is two weeks prior to scheduled MOVE International Trainer course.

Please return Application by e-mail to complete registration process to:

MOVE International
E-mail: Christine Sarnacki
Christine.sarnacki@cfdsny.org