



A NON-PROFIT ORGANIZATION DEDICATED TO
HELPING INDIVIDUALS WITH DISABILITIES

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

This completed application is required for recertification as a MOVE International Trainer for the four-year period from date handbook is received in the MOVE Office (post recertification training) through June 30th of the fourth year and to update the existing record of the applicant. MOVE International Trainers are permitted to offer training to an unlimited number of staff within their employment base for just the cost of the training materials.

Minimum requirements to be re-certified as a MOVE International Trainer:

- Completed, signed and approved recertification application
- Payment and successful completion of the MOVE International Trainer Recertification Course
- Present employer/sponsor signs your application
- MOVE International Trainer Agreement signed by Applicant and Sponsor
Applicant will receive MOVE International Trainer® Agreement at the training. Signature page of Agreement should be returned within 30 days.

Name of Applicant:

Last First M.I.

Home Address:

Street City State Zip code

E-mail

Work Address:

Employment base

Organization - Sponsor

Employment site

Street

Phone

City

State (or Country)

Zip

E-mail Address

Dates of Employment with sponsor agency: From: _____

To: _____

Job title/position held: _____

If you are expected to travel between sites as part of your job requirements, please list other sites that you work at on a regular consistent basis:

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 Recertification course does not guarantee recertification. 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 recertification 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: _____ **Dated:** _____

Sponsor-

I have read the MOVE International Trainer Application. I approve this Applicant for recertification 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 consistent 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:** _____

Return to MOVE International

Email to Christine: christine.sarnacki@cfdnsny.org