

Instructor Biography Sheet

Name: _____	
Business Name: _____	
Business Address: _____	
Preferred Contact Method:	Training Delivery Methods Offered
Phone: _____	In Person _____
Email: _____	On-Line _____

Educational Background, Certifications & Core Competency Content Areas

Educational Background: _____

Training Curricula Certifications:

Positive Indian Parenting _____ Not By Chance _____ Project Exceptional _____
Adult Learning _____
ITTI (*Please check which module you are certified in*)
Module I _____ Module II _____ Module III _____ Module IV _____ Module V _____
Other _____ Please List _____

Core Competency Content Areas: _____

Personal Biography: _____

American Indian Trainer Qualifications

- An enrolled member of a federally recognized tribe
- A first or second generation descendent of an enrolled member
- Provider training in an American Indian Community

Please check the appropriate spot that best describes you.

You may check more than one.

____ I AM AN ENROLLED MEMBER OF A FEDERALLY RECOGNIZED TRIBE

I am enrolled at _____

____ I AM A 1ST OR 2ND GENERATION DESCENDENT OF AN ENROLLED MEMBER

____ *1st generation descendent* ____ *2nd generation descendent*

My mother / father or grandmother / grandfather was enrolled at: _____

____ I AM LIVING IN AN AMERICAN INDIAN COMMUNITY

I live in _____

____ I AM WORKING IN AN AMERICAN INDIAN COMMUNITY

I work at _____

____ I HAVE DELIVERED TRAINING IN AN AMERICAN INDIAN COMMUNITY

I have provided training for _____

Additional Comments _____

Please return to:

**Diane Smith, Professional Development Coordinator
Leech Lake Child Care Services / MnTRECC
115 Sixth St NW, Suite E
Cass Lake, MN 56633
1-800-551-0969**