

## PTC Speaker Bureau Consultant Application

Name: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (day) \_\_\_\_\_ e-mail: \_\_\_\_\_

**How long have you been a Certified PTC GF \_\_\_\_\_**

**Other requirements (per policy):**

**Categories are you applying for and qualifications: (Check all for which you are applying.)**

FAP: Foster and Adoptive Parent (check off which qualifications you have) \*

have been a foster parent *or*

have worked with foster parents *or*

have worked in protective service system.

other (explain) \_\_\_\_\_

CPS (child protective services) parents or Caseworkers \*

have worked in protective service or juvenile court system.

other (explain) \_\_\_\_\_

CEU (Continuing Education Units for Social Workers/Counselors/Marriage & Family Therapists)\*

am a licensed professional in one of the fields being trained

other (explain) \_\_\_\_\_

Teacher/ECE (Early Childhood Education)/AfterSchool Provider (\*\*)

have been a teacher, school counselor or administrator in ECE or K-12

have classroom experience (explain)

other (explain) \_\_\_\_\_

\* = professional liability insurance is mandatory

\*\* = professional liability insurance is not mandatory, but if a school requires it, the SB will need to match a GF with insurance to the program being requested.

***\$125 application fee, which includes assistance in obtaining approval from any boards which oversees training of those populations. (Can defer payment until after first paid speaking engagement or up to 6 months.)***

Submit documentation of:

Qualifications to train in categories checked off.

Performance evaluations from three qualifying programs (with at least 2 being full-length programs with skill assessments). Use Evaluation Summary Report from Skill Assessment packet.

Verification of professional liability insurance if checked off categories with 1 asterisk (copy of full policy).