

NEW YORK STATE TRAINING AND TECHNICAL ASSISTANCE PROFESSIONAL CREDENTIAL PROFESSIONAL DEVELOPMENT SPECIALIST AGREEMENT

Trainer Name: Aspire ID:	
As a participant of the New York State Training and Technical Assistance Professic Professional Development Specialist I agree to the following:	onal Credential, as a
 Support the work of New York Works for Children and I will help others upon New York Works for Children in improving the quality of professional devolution opportunities which will, in turn, improve the quality of early childhood ended and the Present content that is congruent with the National Association for the Educator's Code of Ethical Conduct for Early Childhood Adult Educators. To Conduct will also guide my own behavior. http://www.naeyc.org/files/naeyc/file/positions/ethics04.pdf Present current and factual information that reflects best practices for addincluding maintaining the confidentiality of all participants. Adhere to copyright laws. I will not present material produced by other transportant programs without first obtaining written permission and/or acknowledging. 	relopment reducation in New York. ducation of Young The Code of Ethical dult learning situations, rainers or training
 information as appropriate. Provide professional development activities that are within the boundarie and expertise. 	es of my competence
 Treat all workshop participants with fairness and respect and will not disc anyone for any reason. I will present information that is respectful and in cultures. 	•
 Remain current in my profession by actively pursuing opportunities to coprofessional development. 	ntinue my own
 Not sell products or services, or allow others to, during a training session services are directly related to the training content. Cooperate with other professionals to the best of my ability in order to be 	
 Childhood Education professionals, children and families of New York. Maintain good standing with the NYAEYC partner agencies including, but 	not limited to: the
Office of Children and Family Services, the State University of New York P Development Program and New York Works for Children.	
☐ By checking the box, I declare that I have read each of the above ethical o professional responsibilities and agree to abide by them.	bligations and

Trainer Signature _____ Date ___/___