

2024 Pyramid Facilitator Certification

Application must be submitted by 11:59 pm on Friday, May 31, 2024

The Pyramid Facilitator Certification prepares you to deliver Pyramid Model training, utilize observation tools, provide coaching on Pyramid practices, support Program-Wide Leadership Teams, and build relationships with other Pyramid practitioners across the state.

The ten-month program runs from September to June each year and includes opportunities for you to learn and practice strategies to effectively facilitate Pyramid training and coaching as well as utilize reliable observation tools.

Please review the [Key Information & Eligibility](#) before starting your application.

View [Application Questions](#) before starting your application.

Name *

First Name

Last Name

Mailing Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

County *

Please Select

Email use for PDIS account *

Professional Development Information System (PDIS)

Race/Ethnicity *

Native American

- White / Caucasian
- Black / African American
- Latinx
- Asian American or Pacific Islander
- Blended Race/Ethnicity
- Other

Gender *

Primary Language(s) *

- English
- Spanish
- Arabic
- Other

What is your highest level of education? (select one) *

- High School Diploma
- Higher Ed Certificate
- Child Development Associate (CDA)
- Associate degree
- Bachelor's degree
- Master's degree
- Doctorate degree
- Other

What credential(s) have you earned? *

- Colorado Trainer Credential (required)
- Colorado Coaching Credential
- Reflective Supervision
- Colorado Association of Infant Mental Health Endorsement
- Home Visitor Credential
- Other

Employer Name *

Supervisor's Name

First Name

Last Name

Supervisor's Email

example@example.com

Program's License Number (if applicable)

Employer Type (select all that apply) *

- Non-profit
- For-profit
- Government
- School District
- Self-employed
- Program Licensed by the Colorado Department of Early Childhood / Colorado Department of Human Services
- License-Exempt

Role/Title (select all that apply) *

- Credentialed Trainer
- Credentialed Coach
- Early Childhood Mental Health Consultant
- Director/Owner
- Early Childhood Teacher
- Behavior Specialist
- Early Interventionist
- Infant Toddler Specialist
- Other

Work Phone *

Please enter a valid phone number.

Work Email *

example@example.com

County/Counties where you work (select all that apply) *

Please Select

To select multiple items, hold down the Ctrl key. Then click on your desired items to select.

Type of Programs served (select all that apply) *

- Community-Based Child Care Center or Preschool
- Head Start / Early Head Start
- School District Preschool
- Family Child Care Homes
- Early Intervention / Part C
- Home Visitation
- Family, Friend, or Neighbor Caregivers
- School-Age Child Care or Camps
- Other

If you are selected to join the cohort, you will be trained to facilitate either the TPOT or TPITOS fidelity observation tool in an early childhood setting. You will also conduct observations and coaching in an early childhood setting with a provider/teacher who works in infant and toddler or preschool age groups. Which age group are you most likely to coach and conduct observations with during your certification. *

Please Select

Are you interested in being trained in both observation tools for an additional fee of \$400? *

Please Select

Which additional observation tool are you interested in being trained at?

Please Select

If you are currently participating in additional ongoing professional development or educational activities, list them here. *

0/100

Why do you want to become a Certified Pyramid Facilitator? *

0/100

Describe how becoming a Certified Pyramid Facilitator, who ensures support around the implementation and sustainability of Pyramid practices, will reframe your role. *

0/100

Describe how becoming a Certified Pyramid Facilitator will support your current professional development goals. *

0/100

Share how becoming a Certified Pyramid Facilitator will expand beyond your program or organization, to positively impact your greater community. *

0/100

Documents to Upload

Acknowledgement: The information submitted in this application is complete and true to the best of my knowledge. I meet the eligibility requirements and criteria to participate in the Pyramid Facilitator Certification. I have reviewed the key dates and am able to attend the in-person and virtual events as listed. If

accepted, I acknowledge the significant commitment required to fully participate in and achieve this certification. Healthy Child Care Colorado does not offer refunds for the certification fee after July 31, 2024. *

Type Full Name

Submit