

**Early Care and Education – KACCO Training Submission  
INDIVIDUAL TRAINING CONFIRMATION FORM**

To receive credit for your training in a timely manner, complete this form & submit along with any quizzes/tests by email to (kaccotraining@gmail.com) the "same day" you complete the training!

- Remember -- our Trainers have 10 days to enter your training. It is your responsibility to make sure your training has been entered.
- Contact Melanie Barker (270) 535-9915 for any questions or concerns.

***\*Incomplete submission of documentation or an incomplete form will delay entry\****

**Person taking training:**

First and Last NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
(Please Print)

BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ month, day, year Last 4 of SSN: \_\_\_\_\_

Centers Name: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Director: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TRAINING TITLE: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Clock hours: \_\_\_\_\_

AGENCY SPONSOR / TRAINER NAME: Kentucky Association of Child Care Owners, KACCO ONLY

TRAINING TITLE: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Clock hours: \_\_\_\_\_

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Please send completed information to: Kentucky Association for Child Care Owners, KACCO  
Melanie Barker (270) 535-9915 [abcchildrensacademy@aol.com](mailto:abcchildrensacademy@aol.com)  
Email all forms for training credit to [kaccotraining@gmail.com](mailto:kaccotraining@gmail.com)