



# Nurturing Parenting® Program

## Organizational Trainer Candidate Application

Dates: **May 12-15, 2026 (10:00 am – 5:00 pm) Eastern time**  
Orientation: **May 1, 2026 (10:00am - 11:30am) Eastern time**  
Location: **Virtual Online via ZOOM**

**Please complete this application and submit to [fnc@nurturingparenting.com](mailto:fnc@nurturingparenting.com).  
Once your application has been reviewed, the training team will schedule your required phone interview  
and determine next steps.**

Facilitated by:  
**Carol Lapin, MSSW & Michelle Rogers, LCSW**  
Nationally Recognized Trainer/Consultants  
Approved Instructors – Trainers Workshop

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### Pre-requisites:

- Attendance at a 3-day Facilitator Training Workshop provided by a Recognized National Trainer/Consultant followed by:
  - a. Two (2) years of successful implementation of Nurturing Parenting® Program;
  - b. Expertise in the assessment process including: administration, scoring and interpretation of results on [Assessinparenting.com](http://Assessinparenting.com);
  - c. Expertise in the Philosophy and Principles of Nurturing Parenting® Program.
- Letter of Support from your direct supervisor confirming your skillset in successfully facilitating the Nurturing Parenting® Program within your organization.

**IMPORTANT: Organizational trainers are limited to training current staff or new hires. This training does not prepare you to train outside entities other than your employer.**

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### Candidate Information:

Family Development Resources Customer # \_\_\_\_\_ (This is the number that is used to place curricula orders and ability to utilize recourses on [Assessinparenting.com](http://Assessinparenting.com))

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

Employer/Organization Name: \_\_\_\_\_

Employer/Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Direct Contact Information:**

Email: \_\_\_\_\_

*Willing to share your email address with other candidates for dissemination of class information* Yes No  
*If no, we will send information to you in an individual email.*

Mobile: \_\_\_\_\_

*Willing and able to accept text and any fees charged by your phone carrier circle one:* Yes No

**Billing Information:**

Please provide the following information regarding the payment of the required registration fee.

- Upon acceptance into training an invoice along with completed W9 for will be emailed.
- Payment must be made in full prior to the first day of training
- There is a convenience fee of \$40.00 for credit card payments.
- Registrations must be fully completed and received no later May 31, 2024

Name of finance person responsible for payment: \_\_\_\_\_

Please email invoice to: \_\_\_\_\_

Direct phone number for follow up: \_\_\_\_\_

**Shipping Information** (training materials will be shipped to this address)

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

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Special delivery instructions:

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Deadline for submitting materials: **April 24, 2026 or when training capacity is met.**

**Procedure:**

1. Complete this application with your letter of support from your direct supervisor.
2. Scan and send your completed application to:

Family Nurturing Center™  
Attn: Joan-marie  
[fnc@nurturingparenting.com](mailto:fnc@nurturingparenting.com)

3. Once your materials have been reviewed, you will be contacted for a follow up phone interview.
4. Upon acceptance into the training, an invoice in the amount of \$1200.00 will be sent via email. This invoice must be paid in full prior to attendance.

5. Upon completion of the training and associated assignments, you will receive a Certificate of Recognition as well as an Organizational Trainer’s Agreement that be signed and returned.

**Candidate Information:**

1. How many years have you worked at this organization? \_\_\_\_\_
2. What is your role within the organization? \_\_\_\_\_
3. Applicants must have completed a 3-Day Nurturing Parenting® Program Facilitator Training from a National Trainer/Consultant currently recognized by Family Development Resources, Inc., publishers of the Programs. List the Trainer, State and Year here:

\_\_\_\_\_ Trainer \_\_\_\_\_ Date Completed

4. How many years have you facilitated **Nurturing Parenting® Program**? \_\_\_\_\_

5. Please complete the table below regarding your experience.

NURTURING PARENTING® PROGRAM TITLE NAME	MODALITY: GROUP, HOME, SUPERVISED OR CLINIC BASED	POPULATION: CHILDREN AND/OR PARENTS SERVED	NUMBER OF SESSIONS PER PROGRAM	NUMBER OF FAMILIES SERVED

6. Applicants must provide a Letter of Recommendation from your direct supervisor attesting to your success facilitating the Nurturing Parenting® Program.

7. Supervisor’s Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor’s Contact Information (phone/email): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Expertise in the philosophy and goals of Nurturing Parenting® as demonstrated by successful group or home-based implementation of the Programs. You will be required to complete a 5-minute presentation on one of the five (5) Constructs and impact on families.

9. Expertise in the assessment process including: administration, scoring and interpretation of results on Assessinparenting.com. You will be required to demonstrate your knowledge at this training.
10. Name and purpose of assessments that each family are required to complete when enrolled in a Nurturing Parenting® Program within your organization.

Name of Assessment	Purpose	Frequency of Administration

11. What Nurturing Parenting® materials does your agency/organization regularly order to implement Nurturing Parenting® Program and complete assessment process?

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12. As an Organizational Training you are limited to provide training to employees within the agency that you work for. How many Nurturing Parenting® Program 3-day Facilitator Trainings do you anticipate facilitating for your employer each year? Please circle your response:

1 – 2                      3 – 4                      5 - 6

13. List 2 Hopes and 2 Fears that you may have in your role as an in-house Organizational Trainer.

Hopes: \_\_\_\_\_

Fears: \_\_\_\_\_

14. What areas would you like focused mentorship/support as you go through this process?

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15. Are there any specific questions/concerns or accommodations that you may have at this time? Please use the back page for additional comments that do not fit on this page.

**For Training Office Use Only!**

**For Trainer Only:**

**Date and Time of Interview:** \_\_\_\_\_

**Preferred Name for Certificate:**

\_\_\_\_\_

**Additional Notes & Recommendations:** Inform candidate of Post OT requirements (creation and development of Power Point that candidate will use when providing 3-Day Facilitator Trainings