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OREGON REGISTRY

PATHWAYS TO PROFESSIONAL RECOGNITION IN CHILDHOOD CARE AND EDUCATION

Oregon Registry Application Forms

Oregon Center for Career Development in
Childhood Care and Education



Professionals making a difference...

- By being recognized
- By being acknowledged

**For their professional achievements
in childhood care and education**

ENROLLMENT FORM

You **MUST** complete items #1 – 6 for all applications

1. Name: _____
Last First Middle Former Name(s)

2. Date of Birth (MM/DD/YYYY): ____ / ____ / ____ 3. Last **FIVE** digits of your Social Security #: -

4. Mailing Address: _____
Street or PO Box

City State ZIP County

5. Primary Phone: (____) _____ Secondary Phone: (____) _____
 Cell Phone: (____) _____ FAX: (____) _____

6. Check only **ONE** and follow the directions provided:
 I have already completed items #7 – 15, and I have no changes to report. Go directly to items #16 & #17.
 I have not filled out items #7 – 15, or I need to update some of the information in items #7 – 15. Please continue and complete items #7 – 17.

7. Email Address: _____

8. Place of Employment: _____
If Self-employed, please provide business name

9. Position/Title: _____

10. What is your Child Care Division licensing status? (*Required: Check only ONE*):

- Registered Family Child Care
- Licensed Center-Based Child Care Program Staff
- Certified Family Child Care
- Exempt Center-Based Child Care or Preschool Staff
- Exempt Family Child Care
- None of the above

11. Of the following, which settings do you work in? What job(s) do you have? (*Required: Check all that apply*):

- Family Child Care
- In a Child's Home (i.e. Nanny)
- Center-Based Care
- Child Care Resource and Referral Program Staff
- School Age Care Program (before/after school) Staff
- State Agency Staff
- Head Start or Oregon Pre-K Head Start Program Staff
- Family Support Services
- High School Teen Parent & Child Development Program Staff
- 2 or 4 Year Higher Education Early Childhood Education Program Staff
- Early Intervention/Early Childhood Special Education Program Staff
- Trainer
- Elementary Grades K-4 Staff
- Private Consultant
- Family Member or Friend of Family Providing Care
- Other (e.g. Librarian, Mentor, etc.):

The next three items #12 – 14 are optional. We use this information to track our success in being inclusive of all populations.

12. What ONE racial/ethnic heritage BEST describes you? Please feel free to write in another word to describe your ethnic or cultural identity if your first choice is not listed.

- White/non-Hispanic/non-Latino
- American Indian/Alaskan Native
- White/Hispanic/Latino
- Asian/Pacific Islander
- Black/non-Hispanic/non-Latino
- Other: _____
- Black/Hispanic/Latino

13. What is your primary language? _____

Do you speak any other language(s) in addition to your primary language? Yes No

If "YES", what other language(s) do you speak? _____

14. Gender Female Male



15. EDUCATIONAL BACKGROUND *(Required: Please check all that apply):*

- Oregon Registry Step: _____
- Less than a high school diploma
- High school diploma Year: _____
- General Educational Development (GED) Year: _____
- Child Development Associate (CDA) Year: _____
- Certificate from college, school or professional association, in: _____ Year: _____
- AA, AS, AAS or other 2-year college degree in: _____ Year: _____
- BA, BS or other 4-year college degree in: _____ Year: _____
- MA, MS, Med or other Master's degree in: _____ Year: _____
- PhD, EdD or other doctoral degree in: _____ Year: _____
- Other – Please specify degree and field of study: _____ Year: _____

16. CONFIDENTIALITY

- The Oregon Center for Career Development in Childhood Care and Education (OCCD) **will not**, under any circumstances, release the following individual information as public information: Ethnicity, Gender, Full Social Security Number.
- OCCD may share necessary individual information with the Department of Human Services (DHS) for the specific purpose of operating the Enhanced Rate Program (ERP).
- OCCD may grant access to individual directory information (i.e. name, address, county, phone, email) as public information to screened and appropriate professional partners in the field of childhood care and education.
- OCCD may grant access to individual program status information (i.e. Oregon Registry Program Step, pathway, degree, credential, certificate; and Oregon Registry Trainer Program Certification type, training counties, training languages, training sessions) as public information to screened and appropriate professional partners in the field of childhood care and education.
- If you DO NOT want to have your individual directory information or individual program status information release for these purposes, then you must notify OCCD in writing.
- You may request that OCCD grant additional access to your individual application or participation details for the Oregon Registry, Oregon Registry Trainer Program, or John and Betty Gray Scholarship Program. You may wish to grant this access for specific individuals such as your mentor, your supervisor, or others. You may wish them to have access to such things as the status of your application (i.e. reviewed, tabled, denied, approved), details regarding your training and education, steps you may need to take to receive approval, etc. If you wish others to have access to this individual application or participation status information, then you must notify OCCD in writing.

17. ACCOUNTABILITY STATEMENT *(Signature required)*

I have reviewed the information I have provided to the Oregon Center for Career Development in Childhood Care and Education (OCCD), and attest that, to the best of my knowledge, it is true and accurate. I agree to notify OCCD of any updates or changes to my information as they occur (e.g. change of address, name change, etc.).

Signature

Date signed

Printed Name

Thank you. Your enrollment form is now complete. Please send your completed form to:

**Portland State University – OCCD
PO Box 751
Portland OR 97207-0751**

...and you will be enrolled in the Oregon Registry as an active professional in the field of childhood care and education.

Visit our website (www.centerline.pdx.edu), or call us toll free at 1-877-725-8535 for more information about the Oregon Registry, the Oregon Registry Trainer Program, Sponsoring organizations, or the Statewide John and Betty Gray Scholarship Program.



FORM 1: OREGON REGISTRY APPLICATION COVER SHEET

1. Name: _____
Last First Middle Former Name(s)
2. Application Date: _____
3. Oregon Registry Status (*Please check only ONE box*)
- I am currently enrolled in the Oregon Registry at Step _____
- I am not yet enrolled in the Oregon Registry
4. Please indicate the Oregon Registry Step for which you are applying: _____
5. Tell us what **PATHWAY** you will be following:

I am applying using a Degree/Credential/Certificate from the following accredited College, University, Community College, and/or Certifying Organization:

College/University/Organization: _____

City/State: _____

Major: _____

Degree/Credential/Certificate: _____ Date Awarded: _____

- My degree/credential/certificate is in the field of childhood care and education.
- *Attach supporting documents (i.e. copy of degree/credential/certificate and/or transcripts).*
- My degree/credential/certificate is outside of the field of childhood care and education.
- *Complete Form 2: Training and Education Documentation and attach supporting documents.*

NOTE: Only Degrees/Credential/Certificates that link to childhood care and education are automatically accepted, such as early childhood education, child development, human development, elementary education, human ecology, family and consumer studies, child and family studies, special education. All others, such as, psychology, sociology, education, social work, require a review of transcripts.

~ OR ~

I am applying using College Course Credits (CCC) and/or Community Based Training (CBT)

- *Complete Form 2: Training and Education Documentation.*
- *Steps 7.5 and above using any CBT must complete Form 3: Reflective Overview Statement.*

I am using the following training and education to apply for my Oregon Registry Step:

- College Course Credit without a degree
- A Combination of College Course Credit and Community Based Training
- Community Based Training only

VOLUNTARY PROFESSIONAL ENHANCEMENTS (OPTIONAL)

I am applying for recognition of the following Professional Enhancements: (*Check all that apply*)

- Professional Experience:**
- *Submit Form A: Professional Experience*
- Personal Attributes:**
- *Submit Form B: Personal Attributes Reference Response*
- Commitment to Code of Ethics:**
- *Submit Form C: Commitment to a Professional Code of Ethical Conduct*

Note: This is not the DHS Enhanced Rate Program Application and Renewal. If you are interested in applying for or renewing your participation in the DHS Enhanced Rate Program please contact OCCD.



A GUIDE FOR FORM 2: TRAINING AND EDUCATION DOCUMENTATION

Abbreviations:

CBT: Community Based Training

CKC: Core Knowledge Category

CCC: College Course Credits; *These can be semester or quarter semester credits*

CBK: Core Body of Knowledge

DIV: Diversity

O&A: Observation and Assessment

FCS: Families and Community Systems

PM: Program Management

HGD: Human Growth and Development

PPLD: Personal Professional Leadership Development

HSN: Health Safety and Nutrition

SN: Special Needs

LEC: Learning Environments and Curriculum

UGB: Understanding and Guiding Behavior

Helpful Information:

Date: Date of attendance. If CCC, use the term or semester and the year attended. Example: Summer 1996.

College Course Number: Only for college courses. This is usually a letter number combination listed on your transcripts before the course title. *Example: ECE101*

Course/Training title: Full title of the course or training attended. Must match the title on the certificate or transcripts.

Total CCC: The total number of credits and clock hours for each college course. All CCC's must link to a CKC. Clock hours are calculated as follows: 1 quarter credit equals 10 clock hours **AND** 1 semester credit equals 15 clock hours

Note: College/Universities on the semester term system have 2 semesters a year (plus summer school). Example: Fall, Spring. Quarter term systems have 3 quarters (plus summer school). Example: Fall, Winter, Spring. Most Oregon schools offer quarter terms.

Total CBT hours: The total number of hours, for the community based training you attended, as listed on your certificate. All hours must link to a CKC.

CKC hours used: Use the 10 boxes to indicate the number of hours you would like to use in each CKC. Please note the number of hours used cannot exceed the total hours awarded on the certificate/transcripts. Each course or training may be eligible for use in multiple CKC's. For specific descriptions, please refer to the CBK. All training & education hours must link to a CKC. If the title of the class does not clearly link to a CKC, a description from the College/University/Organization may be required.

Example:

1	Date	College Course Number	Class/Training Title	Total CCC		Total CBT Hours	CKC Hours Used										Set		
				Credits	Hrs		DIV	FCS	HSN	HGD	LEC	O & A	PPLD	PM	SN	UGB			
	Fall 2001	ECE111	Child Development and Behavior	3	30						15							15	
2	10/27/98		Promoting Diversity in Your Learning Environments			10	5					5							

Set: Only used for CBT. This refers to the set designation of the training as indicated on the certificate. Set One = Introductory, Set Two = Intermediate, Set Three = Advanced.

If there is no Set designation on the certificate, it is automatically a Set One. For review of Set Two or Three designations, detailed descriptions and documentation from the training organization/trainer must be included. All training must link to the Set Standards as stated in the CBK.

Total hours used on this page: Total the hours in each CKC column indicating how many hours are used in each CKC on this page. The sum of each CKC column then provides a grand total of hours used on this page.

For Office Use Only: Please do not write in this section. It is for use during review of your application.

FORM 3: REFLECTIVE OVERVIEW STATEMENT

REQUIRED ONLY FOR APPLICANTS USING COMMUNITY BASED TRAINING FOR STEPS 7.5 THROUGH 10

Applicant Name: _____
Last First Middle Former Name(s)

If you are applying to the Oregon Registry Steps 7.5 – 10 and have used Community Based Training, please do the following:

- Take some time to look back over your community based training.
- Think about what you have **learned** from this training and how you have been able to **put into practice** what you have learned.
- Write a Reflective Overview Statement (500 word minimum) containing your thoughts on what you have learned through your community based training and what you have been able to use from this training in your professional practice.

Note: If you believe that writing is a barrier, you may include creative expression such as poems, drawings and photographs to show what you have learned and how you have put this into your professional practice.

**You may use the space below for your Reflective Overview Statement
(You may use the back of this form or attach additional pages if necessary)**

