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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

THE APPLICATION PROCESS: AN OVERVIEW

Before applying, you will need the following materials:

- **Oregon Registry Steps**
- **Core Knowledge Category (CKC) Definitions**
- **Application Forms and Guide**
- **Oregon Registry Training and Education Criteria**
- **For Step 7.5 or higher, you may also need the Core Body of Knowledge (CBK) to link your Training and Education to the knowledge standards**

These materials can be downloaded at www.centerline.pdx.edu/oregonregistry. You will need Adobe Acrobat Reader 5.0 or higher to do so. To receive materials by mail, contact the Oregon Center for Career Development, toll-free at 1-877-725-8535.

Application Process

- Review the **Oregon Registry Steps** document. The Oregon Registry Steps are a sequence of 12 Steps of professional development that describe and acknowledge increasing education and training. It is not required to complete each Oregon Registry Step in sequence, one after the other. You may apply for any Step for which you have completed the required training/education and have appropriate documentation.
- Decide the Step you want to apply for and the Path you will follow. Then find the detailed instructions for your Step and Path in the following pages.
- Gather all your certificates, transcripts, workshop/class/course descriptions, syllabi and anything else that will help you match your training and education to the Oregon Registry Steps, the core knowledge categories, and possibly the knowledge standards.
- All Oregon Registry training and education must be related to childhood care and education. Review the **Oregon Registry Core Knowledge Category Definitions** to help link your training and education to the different childhood care and education related categories. Reviewing the **Core Body of Knowledge** may be helpful when linking training and education to knowledge standards (Set One, Set Two, Set Three).
- You may want to add *voluntary Professional Enhancements*.
- Applications for Enrollment, Step 1 and/or Step 2 require no fee. For Steps 3 through 12 the cost is **\$10.00** per application, scholarships may be available at www.centerline.pdx.edu/scholarship. **Make your check or money order payable to: PSU.**
- Make a copy of completed application forms and documentation. Keep **original** training & education documents AND a **copy** of completed application in a safe place. Send the signed original of your application forms along with the copies of your training and education documents to:

Portland State University – OCCD
Attn: Oregon Registry Application
PO Box 751
Portland OR 97207-0751

Additional Information:

- For those who have an existing Oregon Registry Step there is no need to re-submit all of your training/education to apply for a higher step. Only the documentation of additional training/education is required for the higher Step.
- A Statewide Mentor trained in the Oregon Registry may be able to help with the basics of the application process. Contact the Oregon Child Care Resource & Referral Network at 1-800-342-6712 to locate a Mentor near you. For detailed application questions please call the Oregon Registry, toll-free at 1-877-725-8535, or email occdregistry@pdx.edu



FREQUENTLY ASKED QUESTIONS

Q: Where can I get information about more training so I can work toward a higher Step in the Oregon Registry?

A: Your local Child Care Resource and Referral Agency maintains a training calendar at www.oregonchildcaretraining.org for your community. Contact the Oregon Child Care Resource & Referral Network, toll-free at 1-800-342-6712 for the contact number of the Child Care Resource and Referral program near you.

Q: What completed degrees are considered in the field of childhood care and education?

A: Degrees include completed degrees in the field of childhood care and education such as early childhood education, child development, human development, elementary education, human ecology, home economics, family and consumer studies, child and family studies, and special education. Other completed degrees, out of the field degrees, such as education, psychology, sociology, secondary education, and social work, will require an examination of transcripts to determine coursework content in a minimum of 5 core knowledge categories.

Q: What if I want to participate in the DHS Enhanced Rate Program?

A: Family child care providers who are interested in the DHS Enhanced Rate Program can find a copy of the **DHS Enhanced Rate Program Application and Renewal packet** on the OCCD website at www.centerline.pdx.edu/enhancedrate. Call Oregon Center for Career Development in Childhood Care and Education, toll free at 1-877-725-8535 to request that a copy of the DHS Enhanced Rate Program Application and Renewal packet be mailed to you. If you are working in a certified or an exempt child care center, have your center contact the DHS Direct Pay Unit directly to find out how your facility can participate in the DHS Enhanced Rate Program. The Direct Pay Unit can be reached, toll-free at 1-800-699-9074.

Q: Is there scholarship money available for more training and education?

A: If you are currently caring for children, you may be eligible for a scholarship through the **John & Betty Gray Early Childhood Initiative of the Oregon Community Foundation**. Scholarships are available for professional training and education leading to certification, credentialing, and accreditation, as well as fees related to approved professional development activities (including the Oregon Registry.) See www.centerline.pdx.edu/scholarship for more information.

Q: Will professional enhancements help me reach a higher step?

A: No, however professional enhancements are opportunities to acknowledge your accomplishments within the field of childhood care and education. If completed and approved, these enhancements will be added to your Oregon Registry certificate.

Q: Do I need to complete the Form 3: Reflective Overview?

A: The **Form 3: Reflective Overview** is required only when applying for Steps 7.5-10 using any community based training. This includes both Combination and Community Based Training (CBT) Pathways.

Q: How do I know if my certificates/transcripts are appropriate documentation for the Oregon Registry?

A: Please see the **Oregon Registry: Training and Education Criteria** for the requirements for training and education accepted by the Oregon Registry.

Additional Questions?

Call toll-free at 1-877-725-8535, or email us at centerline@pdx.edu if you have questions.



HOW TO APPLY

To apply for the Oregon Registry using a:

- **COMPLETED DEGREE, CREDENTIAL OR CERTIFICATE IN THE FIELD OF CHILDHOOD CARE AND EDUCATION**

1. Review the **Oregon Registry Steps** document to ensure your degree, credential or certificate meets the Step Requirements.
2. Fill out the **Enrollment Form**.
3. Fill out **Form 1: Oregon Registry Application Cover Sheet**.
4. Attach a copy of your completed degree showing your major in the field
5. Include the \$10 fee (check, money order, voucher of payment). Checks should be made payable to: PSU.

Note: Form 2: Training & Education Documentation is not required for degrees in the field.

To apply for the Oregon Registry using one of the following:

- **COMPLETED DEGREE OR CERTIFICATE OUT OF THE FIELD OF CHILDHOOD CARE AND EDUCATION**
- **COLLEGE COURSE CREDITS WITHOUT A DEGREE (CCC)**
- **COMBINATION OF COLLEGE COURSE CREDITS AND COMMUNITY BASED TRAINING**
- **COMMUNITY BASED TRAINING (CBT)**

1. Fill out the **Enrollment Form**.
2. Fill out **Form 1: Oregon Registry Application Cover Sheet**.
3. Fill out **Form 2: Training & Education Documentation**.
4. Attach copies of the appropriate documentation (certificates/transcripts/class descriptions) behind each **Form 2: Training & Education Documentation**.
5. Include the \$10 fee (check, money order, voucher of payment) to cover the fee. Checks should be made payable to: PSU.

Note: Form 3: Reflective Overview is required only when applying for Steps 7.5-10 using any community based training. This includes both Combination and Community Based Training Pathways.

OPPORTUNITIES FOR FURTHER RECOGNITION Voluntary Professional Enhancements

What are Professional Enhancements?

Professional Enhancements are voluntary and not required to apply for an Oregon Registry Step. They are opportunities to acknowledge your accomplishments within the field of childhood care and education. If completed and approved, these enhancements will be added to your Oregon Registry certificate.

- See **Form A: Professional Experience** for an opportunity to be acknowledged for your childhood care and education related work experience.
- See **Form B: Personal Attributes Statement** for an opportunity for you to write statements about your personal qualities or characteristics. There are three parts to completing the Personal Attributes process.
- See **Form C: Commitment to Code of Ethical Conduct** for an opportunity to show a commitment to your practice of professional ethics within the field of childhood care and education.



FORM 2: TRAINING & EDUCATION DOCUMENTATION GUIDELINES

1. You may make additional copies of **Form 2: Training & Education Documentation** as needed.
2. List all training & education you would like reviewed for your Oregon Registry Step.
3. Attach the appropriate completion documentation to each **Form 2: Training and Education Documentation**. Review the **Oregon Registry: Training and Education Criteria** for documentation requirements. Training that does not clearly link to the Core Knowledge Categories (CKC) from the title may require additional documentation, such as class descriptions, syllabi, etc.
4. Be sure to refer to the Oregon Registry Steps document for the Step requirements. Note the following:
 - a. Total hours required
 - b. Total Core Knowledge Categories required
 - c. Hours required in each Core Knowledge Category
 - d. Set requirements
5. You will want to total all CKC columns at the bottom of each **Form 2: Training & Education Documentation**.

Example using Out of Field Degree:

Date	College Course Number	Class/Training Title	Total CCC		Total CBT Hours	CKC Hours Used												
			Credits	Hrs		DIV	FCS	HSN	HGD	LEC	O & A	PPLD	PM	SN	UGB	Set		
1 Winter 2000	PSY 101	Introduction to Psychology	3	45					45									
2 Fall 2001	ECE 100	Child Development and Behavior	3	30				15										15

Note: The CCC listed must be from the degree you are using for your Step. See CCC above. • 1 quarter credit = 10 hrs. 1 semester credit = 15 hrs.

Example using College Course Credits (CCC):

Date	College Course Number	Class/Training Title	Total CCC		Total CBT Hours	CKC Hours Used												
			Credits	Hrs		DIV	FCS	HSN	HGD	LEC	O & A	PPLD	PM	SN	UGB	Set		
1 Spring 1999	BUS 115	Small Business Management	3	30												30		
2 Fall 2001	ECE 100	Child Development and Behavior	3	30				15										15

Note: CBT hours and Set are NOT required for CCC. • 1 quarter credit = 10 hrs. 1 semester credit = 15 hrs.

Example using Combination of Community Based Training (CBT) and College Course Credits (CCC):

Date	College Course Number	Class/Training Title	Total CCC		Total CBT Hours	CKC Hours Used												
			Credits	Hrs		DIV	FCS	HSN	HGD	LEC	O & A	PPLD	PM	SN	UGB	Set		
1 5/10/2004		Recognizing & Reporting Child Abuse and Neglect			2			2										one
2 Fall 2001	ECE 100	Child Development and Behavior	3	30				15										15

Note: The required field for each line will depend on whether the class is a CBT or CCC.

Example using Community Based Training (CBT):

Date	College Course Number	Class/Training Title	Total CCC		Total CBT Hours	CKC Hours Used												
			Credits	Hrs		DIV	FCS	HSN	HGD	LEC	O & A	PPLD	PM	SN	UGB	Set		
1 5/10/2004		Recognizing & Reporting Child Abuse and Neglect			2			2										one
2 3/12/2007		Early Words Series 2 Training of Trainers			10		4		4							2		two

Note: College Course Number and CCC hours are NOT required for CBT.



FINAL NOTE

- While Steps never expire, Oregon Registry certificates must be re-issued every two years. Participants will be notified and reminded by mail before their certificate re-issues date. This ensures we have your most accurate contact information on file.
- The review process will generally take 30-45 business days from the date received. The approval process is as follows:
 1. **Application Screening**
 - Application is received
 - Application is screened for completeness
 - Screening letter is mailed
 2. **Review and Approval**
 3. **Data Processing**
 - Letter and certificate are mailed.

Please note: Incomplete or tabled applications will change the amount of time it takes to process applications.



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. I am currently enrolled in the Oregon Registry at Step: _____
3. Please indicate the Oregon Registry Step for which you are applying: _____ (Include a \$10 payment for Steps 3-12, payable to PSU)

4. 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 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 that link to childhood care and education are automatically accepted, such as early childhood education, child development, human development, elementary education, human ecology, education, family and consumer studies, child and family studies, special education. All others, such as, psychology, sociology, 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

5. How did you pay for the training and/or education needed to reach the Oregon Registry Step for which you are applying? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> John & Betty Gray scholarship(s) | <input type="checkbox"/> Your own funds |
| <input type="checkbox"/> Employer contribution(s) | <input type="checkbox"/> Loans |
| <input type="checkbox"/> Other scholarships | <input type="checkbox"/> Other: please specify: |

6. If you marked the John & Betty Gray scholarship(s) above, would you have been able to reach the Oregon Registry Step for which you are applying without the financial support of the scholarship(s)? (check one)

- Definitely Probably Probably not Definitely not N/A

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.



FORM 2: TRAINING AND EDUCATION WORKSHEET

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

Record your training and education on this form and then attach the appropriate documentation (e.g. certificates, transcripts, class descriptions, etc.). See the back of this form for abbreviations & helpful information.

College Course Credit (CCC) hours: 1 quarter credit = 10 clock hours, and 1 semester credit = 15 clock hours

	Date	College Course Number	Class/Training Title	Total CCC		Total CBT Hours	DIV	FCS	HSN	HGD	CKC Hours Used							CBT Set
				Credits	Hours						LEC	O & A	PPLD	PM	SN	UGB		
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		

Total hours (used) on this page

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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	
	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)**



EDUCATION AWARD ELIGIBILITY SUPPLEMENT FORM

This form is not required for an Oregon Registry Step, but it is required to receive an education award. There are two ways in which you can qualify for this education award:

You work at a Child Care Division (CCD) LICENSED facility or a Department of Human Services (DHS) ACTIVE facility for at least 20 hours a week. You work with children under the age of 13 or supervise staff in that capacity. (Options 1 or 2 below) If these requirements are met, you will receive the following award for the milestone you will achieve:

Milestone 1: \$100 at Step 3 through Step 6 of the Oregon Registry

Milestone 2: \$250 at Step 7 through 8.5 of the Oregon Registry

Milestone 3: \$500 at Step 9 or above of the Oregon Registry

OR

You are working in a LICENSE EXEMPT facility for at least 20 hours a week. You work with children under the age of 13 or supervise staff in that capacity. (Options 3 or 4 below) If these requirements are met, you will receive:

Milestone: \$50 at Step 3 or above of the Oregon Registry

You may be eligible for only one milestone award in the fiscal year (July 1-June 30). When OCCD receives your completed forms and you meet the requirements for the education award, as funding is available, you will receive a confirmation letter with your Oregon Registry Step certificate. A check issued by PSU will follow. If you have questions, call 503-725-8535, or toll free 1-877-725-8535, or occdregistry@pdx.edu.

Eligibility Section

1) I, _____ (printed name), understand that this award may be considered taxable income and that if I am a Portland State University student it may affect my financial aid. I also understand this form must be submitted with an Oregon Registry Application.

2) All applicants must complete the attached PSU Substitute W-9/ACH Form.

3) I am currently a Portland State University Student: Yes No

4) Eligibility Status, choose one Option:

Option 1: CCD LICENSED Family Child Care Home or DHS ACTIVE Family Child Care.

CCD Registration # RF: _____ OR DHS Provider #: _____

Option 2: Staff of a CCD CERTIFIED CENTER or a CERTIFIED FAMILY Child Care Home or a DHS ACTIVE Center. You must have a supervisor complete the Supervisor Statement below. (If your supervisor is not available, please contact OCCD.)

Supervisor Statement

Supervisor Name: _____ CCD or DHS #: _____

Facility Name: _____ Address: _____

I attest that the applicant is an employee of the above named facility and that the applicant works 20 or more hours per week with children younger than 13 years, or supervises staff who work with children younger than 13 years.

Supervisor Signature REQUIRED: _____

Option 3: A LICENSE EXEMPT FAMILY Child Care Home in Oregon.

Option 4: Staff of a LICENSE EXEMPT FACILITY. You must have a supervisor complete the Supervisor Statement below. (If your supervisor is not available, please contact OCCD.)

Supervisor Statement

Supervisor Name: _____ Facility Name: _____

Address: _____

I attest that the applicant is an employee of the above named LICENSE EXEMPT facility and that the applicant works 20 or more hours per week with children younger than 13 years or supervises staff who work with children younger than 13 years.

Supervisor Signature REQUIRED: _____

5) How do you plan to spend this Education Award?

On my child care program On myself or my family

On my training or education Other: please specify: _____

6) Reminder, all applicants must fully complete the attached PSU Substitute W-9/ACH Form



Oregon Registry Education Award

Required for all Education Awards

According to Internal Revenue Service (IRS) Code, W-9 information is required for you to receive a payment, and according to Oregon Administrative Rule, an automatic check deposit (ACH) is required, unless you opt out. In an effort to make it easier, the required forms have been reduced to one page (see next page).

Please Note: Send the completed Substitute W-9/ACH Form with your application materials directly to OCCD. *Do not send the form to PSU Specialized Accounting Services as indicated on the bottom of the form.*

Substitute W-9/ACH Form Instructions

If you want to receive the money, fill the form out with only your personal information, not your employer's information.

Provide a Business Name only if you file your taxes as a business using that name.

Provide an address. The payment will be mailed to this address if you choose to opt out of the automatic deposit option (see below). If you change your address before you receive payment, you must let OCCD know.

Provide only one Tax Identification Number (TIN) which is usually your social security number. If you file your taxes as a business it may be your federal employer identification number (FEIN).

You must check at least:

1. One box indicating your US citizen status, AND
2. One box indicating your tax status (in most cases this will be "Individual").

If you are a U.S. Resident Alien and do not want a tax exemption, check the U.S. Resident Alien box and complete the W-9 information. If you are a U.S. Resident Alien seeking a tax exemption or a Foreign Alien or Entity then you must check the appropriate box and complete a W-8 form. See the back page of the W-9/ACH form for more information.

Sign and date the Substitute W-9 section.

Tax questions on how to fill out the W-9? Call the IRS Help line toll free 1-800-829-1040. Detailed IRS instructions are also available on the web at: <http://tiny.cc/W9Inst>

ACH Instructions

To sign up for automatic check deposit (ACH) to your bank account the following must be filled out:

Financial Institution: your bank's name

Type of account: only one box can be checked, either Checking or Savings

Bank ABA Routing No: 9 digit number found on the bottom of a check

Deposit Account No: your account number

Email Address: required so that you will receive notice of payment

Depositor Account Title: name on the bank account

Check a box indicating whether the bank is in the U.S. If the bank is inside the U.S., skip the Additional Information and sign, date and write in your telephone number (Title of Representative is not required). Return the form to OCCD with your Oregon Registry application. If the bank is outside the U.S., complete the Additional Information, sign and date and return the form to OCCD with your Oregon Registry application.

You may choose to Opt Out of the automatic deposit. If this is the case, check the box agreeing to the statement. There is not currently a fee, but PSU may implement one in the future.

Your award will be delayed if the form is not completely filled out.



PORTLAND STATE UNIVERSITY- SUBSTITUTE W-9 FORM AND ACH (GO GREEN AUTOMATIC DEPOSIT) ENROLLMENT FORM
 Vendors providing products and/or services to PSU must complete the substitute W-9 section and the ACH enrollment section prior to receiving payment.

SUBSTITUTE W-9

We must have a Federal Tax Identification Number (FEIN) or Social Security Number (SSN) in our files for **All VENDORS** receiving payments from us. An IRS W-9 form **may not be substituted** in lieu of this form. For W-9 instructions, see <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

NAME (as shown on your income tax return) _____

BUSINESS NAME (if different from above) _____

REMIT TO ADDRESS (number, street, apt. or suite no.) _____

(city, state and zip code) _____

FEDERAL TAX ID NO. (FEIN): _____ OR SOCIAL SECURITY NO. _____

- | | | |
|--|---|--|
| <input type="checkbox"/> U.S. Citizen | <input type="checkbox"/> Individual | <input type="checkbox"/> Woman Owned- State Certified |
| <input type="checkbox"/> U.S. Resident Alien- see back of this form | <input type="checkbox"/> Partnership | <input type="checkbox"/> Woman Owned- Self Reported |
| <input type="checkbox"/> Foreign Alien or Entity- Complete form W-8- see back of this form | <input type="checkbox"/> Corporation | <input type="checkbox"/> Minority Owned- State Certified |
| <input type="checkbox"/> Non Profit Entity | Date of incorporation: _____ | <input type="checkbox"/> Minority Owned- Self Reported |
| <input type="checkbox"/> Limited Liability Corporation- Individual | <input type="checkbox"/> Limited Liability Corporation- Corporation | <input type="checkbox"/> Emerging Small Business-state certified |
| Owner's Name _____ | <input type="checkbox"/> Limited Liability Corporation- Partnership | <input type="checkbox"/> Emerging Small Business- self reported |

CERTIFICATION:

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined in the IRS W-9 instructions)

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct taxpayer identification number. **SIGN HERE:**

SIGNATURE OF INDIVIDUAL OR COMPANY OFFICIAL AND TITLE	DATE:

ACH GO GREEN ENROLLMENT- SIGN UP AND SUPPORT ENVIRONMENTAL SUSTAINABILITY

FINANCIAL INSTITUTION : _____ TYPE OF ACCOUNT (Choose one) Checking Savings

BANK ABA ROUTING NO. _____ DEPOSIT ACCOUNT NO. _____

EMAIL ADDRESS REQUIRED (Notice of Payment) _____ DEPOSITOR ACCOUNT TITLE _____

- CHECK ONE OF THESE OPTIONS: The entire amount of the ACH deposit **IS NOT deposited to a financial institution outside the U.S.** (If this box is checked, sign the form, and return it to PSU at the address below.)
- The entire amount of the ACH deposit **IS ultimately deposited to a financial institution outside the U.S.** (If this box is checked, complete the following Additional Information, sign the form, and return to PSU at the address below.)

ADDITIONAL INFORMATION:

Person/ Entity receiving the deposit _____ Receiver Bank ID No. _____

Payment Reason/ Remittance Information _____

Receiver's Address (number, street, suite no.) _____

City, State, and Postal Code _____

We hereby authorize Portland State University in an effort to promote the University's theme of environmental sustainability, to initiate CREDIT ENTRIES ONLY to our financial institution. We acknowledge that the origination of ACH transactions to our account must comply with the provisions of US law and that this information is to remain in full force and effect until Portland State University has received written notification from us of termination in such time and such manner as to afford Portland State University and the Financial Institution a reasonable opportunity to act on it.

SIGNATURE _____ TITLE OF REPRESENTATIVE _____

DATE: _____ TELEPHONE: _____

I, we opt out of ACH Direct Deposit to our Financial Institution from Portland State University. I, we understand that unless we are a current employee or a student of PSU, we will be subject to the provisions of Oregon Administrative Rule (OAR) 577-072-0030 effective as of January 1, 2010 and may incur additional charges for check processing.

PORTLAND STATE UNIVERSITY- FOREIGN ALIEN/ ENTITY OR RESIDENT ALIEN

FOREIGN ALIEN OR ENTITY

Portland State University is now requiring a W-8 form for all foreign aliens/entities being paid for a service, copyrights, permissions and royalties performed in the United States to conform to IRS regulations. A faxed or emailed copy is not acceptable. The IRS requires Portland State University to obtain an original completed, signed and dated W-8 form prior to issuing payment. There are four different types of W-8 forms. The Foreign Alien/Entity will need to determine which type of form applies to them; they will need to fill out the appropriate form; and they will need to mail the form to the address below:

The links for the W-8 forms are as follows- (the entity type will determine which form to complete)

http://www.irs.gov/pub/irs-pdf/fw8exp.pdf	(Form W-8EXP)
http://www.irs.gov/pub/irs-pdf/fw8exp.pdf	(Instructions Form W-8EXP)
http://www.irs.gov/pub/irs-pdf/fw8eci.pdf	(Form W-8ECI)
http://www.irs.gov/pub/irs-pdf/fw8eci.pdf	(Instructions Form W-8ECI)
http://www.irs.gov/pub/irs-pdf/fw8ben.pdf	(Form W-8BEN)
http://www.irs.gov/pub/irs-pdf/fw8ben.pdf	(Instructions Form W-8BEN)
http://www.irs.gov/pub/irs-pdf/fw8imy.pdf	(Form W-8IMY)
http://www.irs.gov/pub/irs-pdf/fw8imy.pdf	(Instructions Form W-8IMY)

US RESIDENT ALIEN

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "savings clause." Exceptions specified in the savings clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the savings clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country—generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the savings clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient fact to justify the exemption from the tax under the terms of the treaty article.

Example: Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S. China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on the exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requestor the appropriate completed Form W-8.

VOLUNTARY PROFESSIONAL ENHANCEMENTS

FORM A: Professional Experience

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

This is an opportunity to be acknowledged for your childhood care and education related work experience.

Please indicate ONLY your work experience related to childhood care and education. You may photocopy this form if you need additional pages.

Work experience includes paid and unpaid positions under supervision or professional support. Professional support within the field of childhood care and education may include State Registration or Certification, DHS Enhanced Rate Program, Child and Adult Care Food Program, and/or Provider Network.

Please complete the following information and return to Oregon Center for Career Development in Childhood Care and Education.

Position of Title	Place of Employment	Supervisor Name & Title	Dates of Employment

Please check the Professional Experience category that fits your years of experience:

- | | | |
|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> 1-5 years | <input type="checkbox"/> 11-15 years | <input type="checkbox"/> 20-30 years |
| <input type="checkbox"/> 6-10 years | <input type="checkbox"/> 16-20 years | <input type="checkbox"/> Over 30 years |

One year of experience is considered to be a minimum of 600 hours of work within a calendar year (i.e. January through December).

VOLUNTARY PROFESSIONAL ENHANCEMENTS

INSTRUCTIONS FOR PERSONAL ATTRIBUTE STATEMENTS

This is an opportunity for you to write statements about your personal attributes. These statements should contain descriptions of how your professional practice reflects the following six qualities and characteristics:

1. Commitment to life long learning
2. Professional responsibility
3. Ability to communicate effectively
4. Respectful attitudes
5. Ability to cooperate with others
6. Self-awareness

Instructions

1. **Write your Personal Attribute Statements:** One statement for each of your six attributes.
 - *Each statement will consist of descriptions and examples of how your professional practice is influenced by your personal attributes.*
 - *Each statement will be 100-200 words.*
2. **Choose references:** Give copies of your six statements to three people who know you and your professional work. You may not include any personal relatives as references.
 - *Make three (3) copies of **Form B: Personal Attributes Reference Response** to be completed by the reference only.*
 - *Have each person read your six statements and complete a copy of **Form B: Personal Attributes Reference Response**.*
 - *Each person should place **Form B: Personal Attributes Reference Response** in an envelope, seal it, sign over the seal and return it to you.*

Your Personal Attributes are finished!

Send a copy of your Personal Attribute Statements, and the three sealed envelopes to OCCD at the address at the bottom of the page.



VOLUNTARY PROFESSIONAL ENHANCEMENTS
FORM B: PERSONAL ATTRIBUTES REFERENCE RESPONSE
THIS FORM IS TO BE COMPLETED ONLY BY THE REFERENCE

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

Reference Name: _____

How long have you known the applicant? _____

What has been your relationship with the applicant as a professional in childhood care and education? _____

Conflict of interest: To promote objectivity and credibility, a reference completing this form must not be related by blood, marriage, or other legal relationship to the applicant.

Reference Instructions

After you have read the applicant's six Personal Attribute Statements, please indicate your level of agreement by circling the appropriate number. If your level of agreement is below 3 for any of the items below, please explain. When finished, please sign and date the form. Seal this reference form in an envelope with your signature across the seal and return it to the applicant.

	Not at all	Some what	Mostly	Strongly
1. The Personal Attributes Summary reflects my opinion of the applicant's commitment to life-long learning.	1	2	3	4
2. The Personal Attributes Summary reflects my opinion of the applicant's professional responsibility. (Ability to understand the connection between professional role and professional responsibilities.)	1	2	3	4
3. The Personal Attributes Summary reflects my opinion of the applicant's ability to communicate effectively.	1	2	3	4
4. The Personal Attributes Summary reflects my opinion of the applicant's respectful attitudes. (Ability to respect children, co-workers and families.)	1	2	3	4
5. The Personal Attributes Summary reflects my opinion of the applicant's ability to cooperate with others.	1	2	3	4
6. The Personal Attributes Summary reflects my opinion of the applicant's self-awareness. (Ability to reflect on one's personal and professional thoughts, beliefs and actions.)	1	2	3	4

Is there anything else you think we should know about the applicant's personal attributes? (Please use additional pages if you need more space.)

Signature

Date signed



VOLUNTARY PROFESSIONAL ENHANCEMENTS
FORM C: Commitment to a Professional Code of Ethical Conduct

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

Definition: A Code of Ethical Conduct is a standard of ethical behavior.

This is an opportunity to show a commitment to your practice of professional ethics within the field of childhood care and education. You may use the National Association for the Education of Young Children (NAEYC) Code of Ethical Conduct or any other code of ethical conduct that relates to your role in the childhood care and education field.

To receive a free copy of the NAEYC Code of Ethical Conduct contact OCCD toll free at 1-877-725-8535, or one may be purchased at www.naeyc.org.

Please check one and sign below:

- I have read my copy of the National Association for the Education of Young Children (NAEYC) Code of Ethical Conduct
- I have read the following code of ethical conduct which links to my role in the childhood care and education field:

Please list other code of ethical conduct here and attach a copy

I attest that I have read the above code of ethical conduct and I commit myself to its ideals and principles as the core values of the childhood care and education profession.

Oregon Registry Applicant Signature

Date signed



Oregon Professional Development Survey

1. Please check the box that represents your level of agreement with the following statements:

	Strongly disagree	Slightly Disagree	Not sure	Slightly Agree	Strongly Agree
a) Child care providers and educators are <i>professionals</i> .					
b) Being a child care provider/ educator is a <i>professional career</i> .					
c) I feel I am a child care/education <i>professional</i> .					
d) I am part of a community of child care providers/educators.					
e) It is important to me to improve my education and/or training in child care and education.					

2. Do you consider your work in child care and/or education (not necessarily in this same position or setting) to be short-term or long-term?

Would you say . . .

- | | |
|--|--|
| <input type="checkbox"/> Definitely temporary or short-term
<input type="checkbox"/> Probably temporary or short-term | <input type="checkbox"/> Probably longer-term
<input type="checkbox"/> Definitely longer-term |
|--|--|

3. How much have each of the following (listed in a-f below) helped *you* as a child care provider/educator?

Circle “Yes”, “A little” or “No” for each box. If you haven’t participated in these programs put a check mark in the box “Doesn’t apply to me”.

	Doesn't apply to me	Has helped me feel more professional?			Has helped me get more training or education?			Has helped me increase my skills or knowledge?		
		Yes	A little	No	Yes	A little	No	Yes	A little	No
a) A step in the Oregon Registry.		Yes	A little	No	Yes	A little	No	Yes	A little	No
b) John & Betty Gray scholarship from community college.		Yes	A little	No	Yes	A little	No	Yes	A little	No
c) John & Betty Gray scholarship from the Oregon Center for Career Development (Portland State Univ.)		Yes	A little	No	Yes	A little	No	Yes	A little	No
d) Financial rewards for reaching a certain step on the Oregon Registry (education award).		Yes	A little	No	Yes	A little	No	Yes	A little	No
e) Your center or family child care home’s participation in:										
1) Oregon Programs of Quality:		Yes	A little	No	Yes	A little	No	Yes	A little	No
2) Quality Indicators Program:		Yes	A little	No	Yes	A little	No	Yes	A little	No
f) Other (please specify):		Yes	A little	No	Yes	A little	No	Yes	A little	No



Oregon Registry Steps for the Oregon Registry: Pathways to Professional Recognition in Childhood Care & Education

STEP	Degree ⁵ , Credential, Certificate ⁵ (DCC)	College Course Credit ¹ (CCC)	College Course Credit ¹ (CCC) AND/OR Community Based Training (CBT)
Enrollment: Professional enrolls in the Oregon Registry	Not applicable: See Step 7 and above	Not applicable	Not applicable
Step 1		Is Child Care Division Registered ² , has met DHS Enhanced Rate requirements ² or 12 hours of training in any Core Knowledge Categories ⁴	
Step 2		Step 1 with at least 8 additional hours ³ OR a total of 20 hours of training in any Core Knowledge Categories ⁴	
Step 3		3 quarter College Course Credits (1 quarter credit = 10 clock hours) OR 2 semester College Course Credits (1 semester credit = 15 clock hours) <i>Credits must be in at least 1 Core Knowledge Category⁴</i>	35 hours of training w/ a minimum of 4 hours in Human Growth & Development AND 4 hours in at least 1 additional Core Knowledge Category ⁴
Step 4		5 quarter College Course Credits (1 quarter credit = 10 clock hours) OR 3 semester College Course Credits (1 semester credit = 15 clock hours) <i>Credits must be in at least 2 Core Knowledge Categories⁴</i>	50 hours of training w/ a minimum of 4 hours in Human Growth & Development AND 4 hours in Understanding & Guiding Behavior AND 4 hours in at least 2 additional Core Knowledge Categories ⁴
Step 5		7 quarter College Course Credits (1 quarter credit = 10 clock hours) OR 5 semester College Course Credits (1 semester credit = 15 clock hours) <i>Credits must be in at least 2 Core Knowledge Categories⁴</i>	70 hours of training w/ a minimum of 6 hours in Human Growth & Development AND 6 hours in Understanding & Guiding Behavior AND 6 hours in at least 4 additional Core Knowledge Categories ⁴
Step 6		9 quarter College Course Credits (1 quarter credit = 10 clock hours) OR 6 semester College Course Credits (1 semester credit = 15 clock hours) <i>Credits must be in at least 2 Core Knowledge Categories⁴</i>	90 hours of training w/ a minimum of 8 hours in Human Growth & Development AND 8 hours in Understanding & Guiding Behavior AND 8 hours in at least 6 additional Core Knowledge Categories ⁴



Oregon Registry Steps for the Oregon Registry: Pathways to Professional Recognition in Childhood Care & Education

STEP	Degree ⁵ , Credential, Certificate ⁵ (DCC)	College Course Credit ¹ (CCC)	College Course Credit ¹ (CCC) and/OR Community Based Training (CBT)
Step 7	Child Development Associate Credential (CDA)	12 quarter College Course Credits (1 quarter credit = 10 clock hours) OR 8 semester College Course Credits (1 semester credit = 15 clock hours) <i>Credits must be in at least 2 Core Knowledge Categories⁴</i>	120 hours of training w/ a minimum of 10 hours in each Core Knowledge Category ⁴
Step 7.5	CDA plus 8 quarter College Course Credits (1 quarter credit = 10 clock hours) OR CDA plus 5 semester College Course Credits (1 semester credit = 15 clock hours) <i>Credits must be in at least 2 Core Knowledge Categories⁴</i>	20 quarter College Course Credits (1 quarter credit = 10 clock hours) OR 13 semester College Course Credits (1 semester credit = 15 clock hours) <i>Credits must be in at least 4 Core Knowledge Categories⁴</i>	200 hours of training w/ a minimum of 15 hours in each Core Knowledge Category ⁴ 80 hours must link to Set Two or Set Three ⁶ Standards or be College Course Credits
Step 8	Certificate in the field ⁴ w/ a minimum of 30 quarter College Course Credits (1 quarter credit = 10 clock hours) OR 20 semester College Course Credits (1 semester credit = 15 clock hours) <i>Credits must be in at least 4 Core Knowledge Categories⁴</i>	30 quarter College Course Credits (1 quarter credit = 10 clock hours) OR 20 semester College Course Credits (1 semester credit = 15 clock hours) <i>Credits must be in at least 4 Core Knowledge Categories⁴</i>	300 hours of training w/ a minimum of 20 hours in each Core Knowledge Category ⁴ 180 hours must link to Set Two or Set Three ⁶ Standards or College Course Credits
Step 8.5	Meets Step 8 requirements plus a minimum of 10 quarter College Course Credits (1 quarter credit = 10 clock hours) OR 7 semester College Course Credits (1 semester credit = 15 clock hours) <i>Credits must be in at least 5 Core Knowledge Categories⁴</i>	40 quarter College Course Credits (1 quarter credit = 10 clock hours) OR 27 semester College Course Credits (1 semester credit = 15 clock hours) <i>Credits must be in at least 5 Core Knowledge Categories⁴</i>	400 hours of training w/ a minimum of 25 hours in each Core Knowledge Category ⁴ 280 hours must link to Set Two or Set Three ⁶ Standards or College Course Credits
Step 9	Associate Degree in the field ⁵ OR Associate Degree out of the field ⁵ w/ a minimum of 20 quarter College Course Credits OR 13 semester College Course Credits in at least 5 Core Knowledge Categories ⁴ (1 quarter credit = 10 clock hours; 1 semester credit = 15 clock hours)	60 quarter College Course Credits (1 quarter credit = 10 clock hours) OR 40 semester College Course Credits (1 semester credit = 15 clock hours) <i>Credits must be in at least 5 Core Knowledge Categories⁴</i>	600 hours of training w/ a minimum of 30 hours in each Core Knowledge Category ⁴ With a minimum of 9 quarter College Course Credits or 6 semester College Course Credits 390 hours must link to Set Two or Set Three ⁶ Standards or College Course Credits



Oregon Registry Steps for the Oregon Registry: Pathways to Professional Recognition in Childhood Care & Education

STEP	Degree ⁵ , Credential, Certificate ⁵ (DCC)	College Course Credit ¹ (CCC)	Combination Only (No Community Based Training Option Step 9-12)
Step 9.5	<p>Meets Step 9 requirements plus a minimum of 10 quarter College Course Credits (1 quarter credit = 10 clock hours)</p> <p>OR</p> <p>7 semester College Course Credits (1 semester credit = 15 clock hours)</p> <p><i>Credits must be upper division 300/400 or equivalent in any Core Knowledge Categories⁴</i></p>	<p>70 quarter College Course Credits (1 quarter credit = 10 clock hours)</p> <p>OR</p> <p>47 semester College Course Credits (1 semester credit = 15 clock hours)</p> <p><i>Credits must be in at least 5 Core Knowledge Categories⁴ w/ a minimum of 10 quarter College Course Credits OR 7 semester College Course Credits at upper division 300/400 or equivalent</i></p>	<p>700 hours of training w/ a minimum of 40 hours in each Core Knowledge Category⁴ w/ a minimum of 20 quarter College Course Credits or 13 semester College Course Credits</p> <p>180 hours must link to Set Two or Set Three⁶ Standards or College Course Credits</p> <p>Plus 200 hours must link to Set Three⁶ Standards or College Course Credits</p>
Step 10	<p>Baccalaureate Degree in the field⁵</p> <p>OR</p> <p>Baccalaureate Degree out of the field⁵ w/ a minimum of 30 quarter College Course Credits OR 20 semester College Course Credits in at least 5 Core Knowledge Categories⁴ (1 quarter credit = 10 clock hours; 1 semester credit = 15 clock hours)</p>	<p>80 quarter College Course Credits (1 quarter credit = 10 clock hours)</p> <p>OR</p> <p>53 semester College Course Credits (1 semester credit = 15 clock hours)</p> <p><i>Credits must be in at least 5 Core Knowledge Categories⁴ w/ a minimum of 20 quarter College Course Credits OR 13 semester College Course Credits at upper division 300/400 or equivalent</i></p>	<p>800 hours of training w/ a minimum of 50 hours in each Core Knowledge Category⁴ w/ a minimum of 30 quarter College Course Credits or 20 semester College Course Credits</p> <p>180 hours must link to Set Two or Set Three⁶ Standards or College Course Credits</p> <p>Plus 300 hours must link to Set Three⁶ Standards or College Course Credits</p>
Step 11	<p>Masters Degree in the field⁵</p> <p>OR</p> <p>Masters Degree out of the field⁵ w/ a minimum of 30 quarter College Course Credits OR 20 semester College Course Credits in at least 5 Core Knowledge Categories⁴ (1 quarter credit = 10 clock hours; 1 semester credit = 15 clock hours)</p>		
Step 12	<p>Doctorate Degree in the field⁵</p> <p>OR</p> <p>Doctorate Degree out of the field⁵ w/ a minimum of 30 quarter College Course Credits OR 20 semester College Course Credits in at least 5 Core Knowledge Categories⁴ (1 quarter credit = 10 clock hours; 1 semester credit = 15 clock hours)</p>		



Oregon Registry Steps for the Oregon Registry: Pathways to Professional Recognition in Childhood Care & Education

Notes:

- 1 College course credits (CCC's) are listed as credits from institutions that offer quarter credits or semester credits. One quarter credit equals 10 clock hours of training. One semester credit equals 15 clock hours of training.
- 2 Initial Child Care Division (CCD) registration (Overview Session, Current CPR/1st Aid, RRCAN, Food Handler's Permit) or Department of Human Services (DHS) Enhanced Rate Program registration (Current CPR/1st Aid, Recognizing & Reporting Child Abuse & Neglect, Food Handler's Permit).
- 3 Child Care Division (CCD) renewal registration and Department of Human Services (DHS) Enhanced Rate Program renewal requirements: Current CPR/1st Aid, Recognizing & Reporting Child Abuse & Neglect, Food Handler's Permit + 8 hours every 2 years.
- 4 There are 10 Core Knowledge Categories: Diversity; Families & Community Systems; Health, Safety & Nutrition; Human Growth & Development; Learning Environments & Curriculum; Observation & Assessment; Personal, Professional & Leadership Development; Program Management; Special Needs; Understanding & Guiding Behavior
- 5 Completed certificates and degrees in the field of childhood care and education include early childhood education, child development, human development, elementary education, human ecology, home economics, family and consumer studies, child and family studies, education and special education. Other completed degrees, out of the field degrees, such as psychology, sociology, secondary education, and social work, will require an examination of transcripts to determine coursework content in a minimum of 5 Core Knowledge Categories.
- 6 Set Two Standards (Standards for Registry Steps 7.5-9): The second of three sets of knowledge providing intermediate knowledge in the core knowledge category. Set Three Standards (Standards for Registry Steps 9.5-10): The third of three sets of knowledge providing advanced knowledge in the core knowledge category.





Definitions of Core Knowledge Categories

Diversity Knowledge of differences in race, gender, ability, age, language, family composition, culture, ethnicity, socio-economic status, and/or religion. Weaving anti-bias awareness throughout all program activities and learning environments for children and youth.

Families & Community Systems Knowledge of the complex characteristics of children's families and communities. Establishing respectful relationships and communication with family and community members.

Health, Safety & Nutrition Knowledge of basic health, safety, and nutrition principles and practices. Knowledge of child abuse and neglect prevention, identification, reporting procedures, and therapeutic care. Promoting healthy choices and safety awareness with children and youth.

Human Growth & Development Knowledge of social, emotional, cognitive and physical growth and development. Using developmentally appropriate practices and principles in programs for children and youth.

Learning Environments & Curriculum Knowledge of the relationship between physical space, activities, experiences, and materials with child behavior, growth and development. Creating developmentally appropriate and culturally appropriate learning environments and curricula to foster optimum growth and development of children and youth.

Observation & Assessment Knowledge of observation techniques, assessment tools, and documentation procedures for children and youth. Using observation and assessment to individualize learning experiences, improve the effectiveness of the learning environment, and support referrals for specialized services.

Personal, Professional & Leadership Development Knowledge of childhood care and education as a profession with an identified body of knowledge, professional standards, professional ethics, and established systems. Participating in leadership, advocacy, personal growth, and professional development activities.

Program Management Knowledge of accepted business practices, legal and regulatory requirements, financial obligations, and record keeping. Developing or implementing program policies, communication strategies, management plans, and sound financial practices.

Special Needs Knowledge of disabilities and other special needs, related resources, and regulations/laws. Implementing an inclusive and sensitive practice with children and youth in partnership with families.

Understanding & Guiding Behavior Knowledge of developmentally appropriate and culturally appropriate guidance theories, principles and practices. Providing positive guidance to foster self-esteem, self-regulation, constructive behavior, and positive relationships for children and youth.