



## DIRECT DOCUMENTATION PROCESS Application Instructions

### COMPLETE THE FOLLOWING STEPS:

- 1) Complete the **Oregon Registry Trainer Program Enrollment Form**. *If you have already completed and submitted an Oregon Registry Trainer Program Enrollment Form, please complete Items 1-5. For Item 6, check one of the boxes. If there are no changes to report, you do not need to complete the rest of the form. If there are any changes to report, please check the second box and indicate any **changes** on the form.*
- 2) Complete the **My Program, My Quality: Registered Family Child Care Trainer Application Form**.
- 3) Complete the **Trainer Qualification Options Form**, which describes each of the three ways to qualify as a Standardized Trainer, each with their individual sets of requirements. You will notice that there are different ways within each option to meet the standards. This provides you with the greatest flexibility for determining how you meet the standards that have been established. Decide which option is best suited to your particular background, experience, and education. As an applicant, you **ONLY** need to meet **ONE option** to be approved.

There are three different options by which an applicant may be approved:

- Option 1)** Experience as a Trainer
- Option 2)** Experience in the Field
- Option 3)** Formal/Documented Education in the Field

On the Options Form, select an option and check the box. Make sure you have selected an option on the Options Form that reflects your particular background, experience and education.

- 4) Next, gather together the documentation that will show you have met the requirements for the Option that you have marked on your Options Form. *If you have already submitted such documentation to OCCD for use in one of our professional development programs, then you **do not** need to resubmit that material. Please indicate what the particular document is, and that the material is already on file with OCCD as part of your Oregon Registry file, OCCET file, or Oregon Registry Trainer file.*

### Documentation of your qualifications may include

- Any official piece of documentation that lists the date, specific course name, hours, institution, employment, contract employment, etc.
- Certificates of completion from conferences, workshops, training organizations listing course date, course name, and number of hours.
- Community college, college or university transcripts showing titles, hours, degree completion, etc.
- Copies of CDA, Oregon Registry, Oregon Registry Trainer Program, or other certificates or credentials
- Official organization or agency training logs or staff development records listing date, course title and hours accompanied by a letter (on letterhead) from the applicant's place of employment verifying the training.

- A signed statement from a trainer stating that the applicant attended a particular training, on a particular date, for a particular number of hours.
  - A copy of your resume showing experience in the field
  - A signed statement from a professional organization, a contractor, an agency, etc. stating training sessions that you have provided and a summary of your evaluation ratings.
  - Rosters for training sessions you have provided along with participant evaluations.
- 5) A completed **My Program, My Quality Professional Reference Form**, provided by someone who knows your professional work, but who is not related to you by blood or marriage or has any conflict of interest. Please note that even if you are already approved for another standardized training session, you must have someone complete a professional reference form about your ability to provide these specific training sessions.
- 6) Complete the **My Program, My Quality Trainer Agreement**.
- 7) Send in your application packet, including:
- Oregon Registry Trainer Program Enrollment Form
  - **My Program, My Quality** Trainer Application Form
  - Trainer Qualification Options Form
  - Documentation of your qualifications (*or indication that your documentation is already in your professional development file at OCCD*).
  - Professional Reference Form for **My Program, My Quality**
  - **My Program, My Quality** Trainer Agreement
- 8) Submit your application packet so that it is received by **5:00pm on Friday, October 2, 2009**.  
**Fax #:** 503.725.5430

**Or mail to:**

Portland State University-OCCD  
PO Box 751  
Portland, OR 97207-0751  
Attn: **My Program, My Quality**

Applications will be reviewed, and you will be notified by email or phone call of your approval to attend the training of trainers by: **Tuesday, October 6, 2009**

**Questions: Please contact Beverly Briggs, Training & Education Coordinator, at OCCD:**

**Toll Free: 877.725.8535; 503.725.8275; babriggs@pdx.edu**

**Thank You**



**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](http://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.



## MY PROGRAM, MY QUALITY: REGISTERED FAMILY CHILD CARE TRAINER APPLICATION

1. Name: \_\_\_\_\_  
*Last First Middle*

2. I am already:
- A certified Community Trainer, and I wish to be approved as a **My Program, My Quality** Trainer.
  - A certified Master Trainer, and I wish to be approved as a **My Program, My Quality** Trainer.

3. **GEOGRAPHIC AVAILABILITY.** Which counties are you willing and able to train in?

- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> All counties/statewide |                                     |                                     |
| <input type="checkbox"/> Baker                  | <input type="checkbox"/> Harney     | <input type="checkbox"/> Morrow     |
| <input type="checkbox"/> Benton                 | <input type="checkbox"/> Hood River | <input type="checkbox"/> Multnomah  |
| <input type="checkbox"/> Clackamas              | <input type="checkbox"/> Jackson    | <input type="checkbox"/> Polk       |
| <input type="checkbox"/> Clatsop                | <input type="checkbox"/> Jefferson  | <input type="checkbox"/> Sherman    |
| <input type="checkbox"/> Columbia               | <input type="checkbox"/> Josephine  | <input type="checkbox"/> Tillamook  |
| <input type="checkbox"/> Coos                   | <input type="checkbox"/> Klamath    | <input type="checkbox"/> Umatilla   |
| <input type="checkbox"/> Crook                  | <input type="checkbox"/> Lake       | <input type="checkbox"/> Union      |
| <input type="checkbox"/> Curry                  | <input type="checkbox"/> Lane       | <input type="checkbox"/> Wallowa    |
| <input type="checkbox"/> Deschutes              | <input type="checkbox"/> Lincoln    | <input type="checkbox"/> Wasco      |
| <input type="checkbox"/> Douglas                | <input type="checkbox"/> Linn       | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Gilliam                | <input type="checkbox"/> Malheur    | <input type="checkbox"/> Wheeler    |
| <input type="checkbox"/> Grant                  | <input type="checkbox"/> Marion     | <input type="checkbox"/> Yamhill    |

4. I am willing and able to provide training in the following language(s):
- |                                  |                                  |                                       |
|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese   |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other: _____ |

5. Description of my experience with family child care: *(Please use the back of this form or additional sheets of paper to describe your experience.)*
6. **Commitment.** I understand that successful completion of this training allows me to be a trainer for the **My Program, My Quality** curriculum in the State of Oregon. Upon completion of the training of trainers, I agree to follow the standardized curriculum to provide this training.

I attest that I have read the NAEYC Code of Ethical Conduct and Statement of Commitment and Supplement for Adult Educators. I commit myself to the code's ideals and principles as the core values of our profession and as my work as an adult educator.  
*(Available at online at [http://www.naeyc.org/positionstatements/ethical\\_conduct](http://www.naeyc.org/positionstatements/ethical_conduct))*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date signed*



## MY PROGRAM, MY QUALITY: REGISTERED FAMILY CHILD CARE STANDARDIZED TRAINER APPLICATION PROFESSIONAL REFERENCE

Applicant's Name: \_\_\_\_\_

First

Last

This applicant is applying to become an Oregon Registry Trainer of the **My Program, My Quality: Registered Family Child Care** curriculum. If selected, the applicant will provide training to professionals in the field of childhood care and education. Please answer the following questions, based upon your personal/professional knowledge of the applicant and their skills and qualities as a trainer.

**The applicant is sensitive and responsive to the ideas of others.**

Strongly agree     Agree     Disagree     Strongly Disagree     Not Observed

**The applicant has a strong commitment to professional ethics.**

Strongly agree     Agree     Disagree     Strongly Disagree     Not Observed

**The applicant is respectful of differences in culture, language, personal background, and learning styles.**

Strongly agree     Agree     Disagree     Strongly Disagree     Not Observed

**The applicant is committed to the field of childhood care and education as a profession and to the content area of learning environments & curriculum.**

Strongly agree     Agree     Disagree     Strongly Disagree     Not Observed

**The applicant is skilled in planning and organizing training sessions, and in working with adults as learners.**

Strongly agree     Agree     Disagree     Strongly Disagree     Not Observed

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, an individual completing this form must not be related by blood or marriage or other legal relationship to the applicant.*

**I recommend this applicant/trainer as a trainer in the standardized training curriculum on *My Program, My Quality* for the Oregon Registry Trainer Program.**

YES     NO

*(Please use the back of this form or additional sheets of paper to provide any additional information you think we should know about the applicant and his/her demonstrated skills and personal qualities as a trainer.)*

**Reference Provided By:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title/ Agency/ \_\_\_\_\_  
Position: \_\_\_\_\_ Program: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**MY PROGRAM, MY QUALITY: REGISTERED FAMILY CHILD CARE  
OREGON REGISTRY STANDARDIZED TRAINER  
TRAINER QUALIFICATION OPTIONS FORM**

Applicant First & Last Name: \_\_\_\_\_

First, Check [✓] which Option (1, 2 or 3) you have chosen.

Second, Under the Option you chose, check that you have submitted documentation for ALL listed requirements.

**OPTION 1** for EXPERIENCE AS A TRAINER

- I have 120 clock hours of work experience working with adults as learners.

**A N D**

- I have 120 hours of work experience **and/or** education in: Childhood Care & Education **and/or** this subject area\*

**OPTION 2** for EXPERIENCE IN THE FIELD

- I have 3 years experience of at least .75 FTE in: Childhood Care and Education **and/or** in this subject area\*.

**A N D**

- I have 120 clock hours of education, Oregon Registry Step 7 or above, **or** CDA in: childhood care and education, **or** in this subject area\*, **or** working with adults as learners, **or any combination of the three.**

**< O R >**

- I have 3 years experience of at least .75 FTE working with adults as learners.

**A N D**

- I have at least 1 year work experience **or** 120 clock hours of formal/documented education in this subject area\* **and/or** Childhood Care and Education.

**OPTION 3** for FORMAL/DOCUMENTED EDUCATION IN THE FIELD

- I have 240 clock hours of formal/documented education, Oregon Registry Step 8 or above, **or** 1 year certificate in Childhood Care and Education **and/or** in this subject area\*.

**A N D**

- I have at least 1 year work experience in: Childhood Care and Education, **or** this subject area\*, **or** working with adults as learners, **or any combination of the three.**

**< O R >**

- I have 240 clock hours of formal/documented education, Oregon Registry Step 8 or above, **or** 1 year certificate in working with adults as learners (adult development and education).

**A N D**

- I have at least 1 year work experience **and/or** 120 clock hours of formal/documented education in: this subject area\* **and/or** Childhood Care and Education.

*\*Subject Area: Personal, Professional, and Leadership Development*





## My Program, My Quality: Registered Family Child Care Trainer Agreement

### TRAINERS

Trainers will be listed as **approved trainers** for the *My Program, My Quality* curriculum, meaning that trainers will complete the training of trainers for the My Program, My Quality curriculum conducted by the Oregon Center for Career Development in Childhood Care and Education (OCCD).

Trainers are **active trainers**, meaning that trainers will provide My Program, My Quality training sessions.

OCCD will maintain the list of approved and active My Program, My Quality trainers.

OCCD will maintain current contact information for the certified and active trainers.

OCCD will provide current contact information regarding available approved and active trainers to the childhood care and education community. OCCD will provide only contact information and will not provide recommendations or preferences for trainers. This contact information may be disseminated through mailers, brochures, websites, etc.

### TRAINER SUPPORT

Approved and active trainers are authorized to keep the My Program, My Quality trainer guide and other trainer resources as long as they continue to provide My Program, My Quality training.

Trainers agree to return the My Program, My Quality trainer materials when they decide to discontinue providing My Program, My Quality training.

OCCD may add resources to the trainer materials as funds allow.

Trainers will receive general trainer support from OCCD (updated information, materials, curriculum revisions, certificates, etc.) as available.

To maintain approved and active status, trainers agree to attend any mandatory trainer refresher sessions provided by OCCD.

### CURRICULUM

Trainers agree to use the My Program, My Quality curriculum as established in the My Program, My Quality trainer guide. Trainers agree to present the curriculum materials in accordance with

the My Program, My Quality presentation format, agenda, concepts, etc. as established in trainer guide. Trainers agree to use the materials only in established session format. Trainers agree that each My Program, My Quality session participant will receive the prescribed handouts for each session.

### **ADVERTISEMENT OF THE TRAINING**

OCCD will provide information about the session title, core knowledge category, knowledge set, session description, standards-based objectives, and objectives-based evaluation items to the trainers. Trainers and training organizations will use this information in their advertising and delivery of the My Program, My Quality training sessions.

Trainers may coordinate, publicize, and conduct the training sessions as desired or may work with organizations that sponsor training. Because My Program, My Quality is an Oregon Child Care Division supported training series, trainers are asked to be responsive to requests for training by local child care resource and referral programs.

Trainers may offer the sessions free of charge or for a fee. When a fee is charged, trainers agree to charge a “reasonable” amount for the training session in order to make the training easily accessible to childhood care and education professionals.

### **ROSTER/CERTIFICATES/EVALUATIONS**

The approved and active trainers will receive a sample attendance roster from OCCD that may be used. Trainers agree to have participants sign-in by using the sample roster or one provided from the training organization. Any roster used must contain at a minimum all the information in the sample. The trainers agree to keep rosters from their independently-offered training sessions and to submit them upon request of OCCD.

Trainers will receive their own original training certificate for each My Program, My Quality session. The trainers agree to provide certificates to each participant who completes each My Program, My Quality training session. The certificates may be their own OCCD-issued trainer certificates or may be certificates from a training organization. Certificates from a training organization must contain all the language contained on the OCCD-issued certificate. The trainers agree to issue certificates with individual participant names printed on the certificates and with trainer signatures.

The approved and active trainers will receive an original standard evaluation form for the My Program, My Quality training session. The trainers agree to provide an opportunity for an anonymous evaluation by each participant who completes a training session. The evaluation form may be the trainer’s OCCD-issued evaluation form or the evaluation form from a training organization. The trainers agree to keep evaluations from their independently-offered training sessions and to submit them upon request of OCCD.



## **TRAINER SURVEYS**

Approved trainers agree to participate in trainer surveys, conducted by OCCD, by returning the surveys indicating number of sessions conducted and other information about condition of training materials, needs for replacement materials, etc.

## **USAGE RIGHTS**

The My Program, My Quality trainer guide and accompanying trainer materials are to be used only by My Program, My Quality trainers approved by OCCD. The My Program, My Quality trainer materials may not be reproduced without consent of OCCD.

The participant handouts may be copied for personal or educational use but may not be used for economic benefit other than My Program, My Quality training sessions without the consent of OCCD.

## **NAEYC CODE OF ETHICAL CONDUCT AND ADULT EDUCATOR SUPPLEMENT**

Trainers agree to follow the ideals and principles contained in NAEYC's Code of Ethical Conduct and Supplement for Adult Educators, which can be found at [http://www.naeyc.org/positionstatements/ethical\\_conduct](http://www.naeyc.org/positionstatements/ethical_conduct)

I have read this trainer agreement and agree to abide by the stated principles.

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

Trainer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

