



EMPLOYER/SUPERVISOR VERIFICATION PROCESS Application Instructions

Remember, you are going to use this EMPLOYER/SUPERVISOR VERIFICATION PROCESS **only if** you are currently employed as a trainer, or in an employed position that includes responsibilities as a trainer (such positions could be as a community college or university instructor, adjunct faculty, child care resource and referral trainer, Head Start trainer, corporate child care trainer, etc.). This EMPLOYER/SUPERVISOR VERIFICATION PROCESS is based upon verification by your employer/supervisor of your qualifications.

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, give a copy of the Options Form to your employer/ supervisor along with
 - a) Employer/Supervisor Verification Instructions
 - b) Trainer Qualification Employer/Supervisor Verification Form
- 5) Once your employer/supervisor has completed and signed the Employer/Supervisor Verification Form, combine it with your other application forms.
- 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
 - Employer/Supervisor Verification Form
 - **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*):

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

- | | |
|--|---|
| <input type="checkbox"/> White/non-Hispanic/non-Latino | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> White/Hispanic/Latino | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black/non-Hispanic/non-Latino | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 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.



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?

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

4. I am willing and able to provide training in the following language(s):
- English
 - Russian
 - Vietnamese
 - Chinese
 - Spanish
 - 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)

Applicant Signature

Date signed



**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*



EMPLOYER/SUPERVISOR VERIFICATION INSTRUCTIONS

This applicant is applying to become an Oregon Registry Trainer of the **My Program, My Quality: Registered Family Child Care** curriculum. If approved, the applicant will provide training and education to childhood care and education professionals in Oregon.

If you currently employ the applicant as a trainer, or in a position that includes responsibilities as a trainer, s/he can be approved through this alternative documentation process. This process is based upon verification by you, the employer/supervisor, of the applicant's qualifications (such positions could be as a community college or university instructor, adjunct faculty, child care resource and referral trainer, Head Start trainer, corporate child care trainer, etc.). You will also be verifying that you have documentation of the applicant's qualifications on file.

There are three options by which an applicant may be approved through the process. An applicant **ONLY** needs to meet **ONE** option to be approved. The specific requirements to qualify for each option are included on the Trainer Qualification Options Form.

Option 1: Experience as a Trainer

Option 2: Experience in the Field

Option 3: Formal/Documented Education in the Field

Completing the Employer/Supervisor Verification Form

- 1) Please write the applicant's name in the space provided on the form.
- 2) Please review the applicant's Trainer Qualification Options Form to verify its accuracy.
- 3) On #1 of the Employer/Supervisor Verification Form, please check the box for the option for which you have, or have seen, verifiable documentation, and to which you can attest.
- 4) Complete items 2-6 and sign the Employer/Supervisor Verification Form.
- 5) Fill in your contact information, sign and date the form.
- 6) Return the form to the applicant.

If you need any additional information to complete the Employer/Supervisor Verification Form, please contact Beverly Briggs, Training & Education Coordinator, at the Oregon Center for Career Development in Childhood Care and Education (503-725-8275 or babriggs@pdx.edu).





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

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

Trainer Name: _____

Trainer Signature: _____

Date: _____

