



DIRECT DOCUMENTATION PROCESS 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. You will not need to complete the rest of the form.*
- 2) Complete the **Secondary Standardized Trainer Application**. Please clearly indicate on this form whether you are applying for Building Blocks of Social and Emotional Development or Child Care Health and Safety.
- 3) Complete the **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, OCCET, 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 **Secondary Trainer Professional Reference Form**, provided by someone who knows your professional work, but who is not related to you by blood or marriage or have any form of 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) Send in your application packet, including:
- Oregon Registry Trainer Program Enrollment Form
 - **Standardized Secondary Trainer** Application Form
 - Options Form
 - Documentation of your qualifications (*or indication that your documentation is already in your professional development file at OCCD*).
 - Professional Reference Form for **Standardized Secondary Trainer**
- 7) Submit your application by **Fax** to 503.725.5430. Please be sure to put Oregon Registry Secondary Trainer Application on the cover sheet.

Or mail to:

Portland State University-OCCD
PO Box 751
Portland, OR 97207-0751
Attn: **Oregon Registry Secondary Trainer Application**

**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.



OREGON REGISTRY SECONDARY STANDARDIZED TRAINER APPLICATION

1. Name: _____
Last First Middle
2. I am applying to be a trainer for the following curriculum: (please check one)
 Building Blocks of Social and Emotional Development
 Child Care Health and Safety
3. I am already:
 a certified Community Trainer
 a certified Master Trainer
4. **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 |
5. I am willing and able to provide training in the following language(s):
 English Russian Vietnamese
 Chinese Spanish Other: _____
6. **Commitment.** I understand that successful completion of this training allows me to be a trainer for the above named training sessions in the State of Oregon. Upon completion of the training of trainers, I agree to follow the standardized curriculum to provide this training.
I further attest that I have read the NAEYC Code of Ethical Conduct and I commit myself to its ideals and principles as the core values of the childhood care and education profession.
(Available at online at www.naeyc.org/about/positions.asp)

Applicant Signature

Date signed



OREGON REGISTRY SECONDARY STANDARDIZED TRAINER 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: For Child Care Health and Safety: Health, Safety & Nutrition;
For Building Blocks of Social and Emotional Development: Human Growth and Development, Learning Environments and Curriculum, Understanding & Guiding Behavior, Observation & Assessment*



