

DHS ENHANCED RATE PROGRAM RENEWAL APPLICATION

IMPORTANT: YOU **MUST** INCLUDE THE OREGON REGISTRY ENROLLMENT FORM.

1. Name: _____
Last *First* *Middle*

2. **REQUIRED TRAINING** To renew your eligibility, you must keep your Infant/Child First Aid, Infant/Child CPR, and Food Handler's Permit current. Please attach copies of your cards or certificates. *Only attach **copies** of your **current** cards/certificates. **Do not send originals.***

- | | |
|---|-----------------------|
| <input type="checkbox"/> Infant/Child First Aid | Date Completed: _____ |
| <input type="checkbox"/> Infant/Child CPR | Date Completed: _____ |
| <input type="checkbox"/> Food Handler's Permit | Date Completed: _____ |

3. **CONTINUING TRAINING AND EDUCATION** You must show that you have completed 8 clock hours of training related to child care in the last two years. This training is above and beyond the training you listed in Item #2. **Note:** *Each individual training session can only be **counted once**, regardless how often it has been taken. The two hour Recognizing & Reporting Child Abuse & Neglect training may not be used for renewal.*

To document your training, you may use the following (other forms of documentation will not be accepted):

- Certificates from training organizations listing your name, the course date, the course title, subject of the training, and the number of hours.
- Community college, college, or university transcripts.
- Official organization or agency training logs listing the date, title and hours of each training accompanied by a letter *on letterhead* from your place of employment verifying the training.
- A letter *on letterhead* from the training organization verifying the date, title and hours of the training you completed.

In the space provided below, list your training and attach **copies** of your certificates.

Training Title <small>(Please attach additional list of trainings as necessary)</small>	Hours	Date Completed

4. **TRAINING AGREEMENT** I understand that to maintain my DHS Enhanced Rate Program eligibility, my Infant & Child First Aid, Infant and Child CPR certifications and Food Handler's Permit must remain **current**.

Signature *Date*

