



# ARKANSAS EARLY CHILDHOOD PROFESSIONAL DEVELOPMENT SYSTEM REGISTRY ATTENDANCE FORM/ PRACTITIONER APPLICATION Resource Guide

Ref. Number	Field Type	Purpose	Information
<b>1</b>	Attendance Form Check Box	To signify the form is used for recording attendance at verified training opportunity	Check the box if completed with the intent of having your attendance recorded at the training listed
	Practitioner Application Check Box	To signify the form is being used as a membership application for the AECPDS Practitioner Registry	Check the box if completed with the intent of becoming enrolled into the AECPDS Practitioner Registry
<p><b>Clarifying Comments</b> Form may have only 1 check box marked or may have both check boxes marked. If an individual is interested in becoming a trainer within the Registry, they will need to complete a trainer application.</p>			
<b>2</b>	Professional Development Course	Descriptive title of the course that is being offered and can easily be tracked through the Registry database	List the title of the training that the form is representing. Title should be a standard title that is easily and is consistent each time the training is offered
	<p><b>Clarifying Comments</b> Use the name of the training that this course was/is being registered in the AECPDS Registry. The title of the session should be the same title used on the "Training Registration Form."</p>		
<b>3</b>	Course ID #	A unique identification number assigned to each training that allows for the training session to be linked to its corresponding attendance, evaluation, and registration forms, etc. via the Registry System.	Automatically assigned by the Registry at the time of processing of the Training Registration Form


	<p><b>Clarifying Comments</b> Once a course is registered with the AEC PDS Registry, correspondence containing the Course ID # will be e-mailed to the person(s) listed on the Training Registration Form as the contact. In addition, the course ID# can also be found on the Registry website when searching for training under "Training Opportunities." Once a training session is found using any of the search methods, available, the Course ID# will be located under the name of the session.</p>		
4	Trainer ID #	Provides information about who is the lead person presenting the information in this training session	List the lead trainer's assigned AEC PDS Trainer Registry ID number
	<p><b>Clarifying Comments</b> The trainer must be a verified trainer with the AEC PDS Registry for the training to be considered registered and any attendance/evaluation information to be tracked. If the training is being conducted by multiple trainers, the name of the trainer listed should correspond to the name of the primary trainer listed on the Training Registration form.</p>		
5	Trainer	Provides information about who is the lead person presenting the information in this training session	List the lead trainer's first and last name
	<p><b>Clarifying Comments</b> The trainer must be a verified trainer with the AEC PDS Registry for the training to be registered and any attendance/evaluation information to be tracked. If the training is being conducted by multiple trainers, the name of the trainer should correspond to the Trainer ID# provided in #4.</p>		
6	Clock Hours	Provides information about the number of maximum clock hours a participant is able to earn for training	List the maximum number of clock hours the training session will span
	<p><b>Clarifying Comments</b> Example: If the training is held from 5pm-8pm, this field will be completed with the number 3. If this is a multi-segmented course with many modules/sessions put the entire number of clock hours assigned to the course. Ex. Pre-K Ella=30 clock hours.</p>		
7	City	Provides the Registry with the name of the city in which the training is held	List the name of the city in which this training is being held and was registered
	<p><b>Clarifying Comments</b> Do not abbreviate.</p>		
8	Site	Provides the Registry with the name of the physical location in which training is being held	List the full name of the location (i.e. building, church) training is being held

	<b>Clarifying Comments</b> If this course is being held in one setting, then this site listed would be the location of that one setting.		
9	Date	Provides information about when professionals are completing their trainings	List the date of the training being conducted
	<b>Clarifying Comments</b> If this course is being held in one setting, then the date listed would be the date of that single setting. If the training is a single module/session of a multi-segmented session, the date listed will be the first module/session of this particular multi-segmented training was registered. The “date” will remain the same until all corresponding modules/sessions of the multi-segmented series have been conducted.		
10	Full Name	Provides the Registry with the complete name of the individual attending the training	Ask training participant to provide their full name
	<b>Clarifying Comments</b> If the training participant has an AEC PDS Registry ID#, they should use the same name that they submitted on their initial application. Variations in names (ex. Nick names) could impede the success of reconciling accurate training hours to the correct person. For new practitioner applications, the participant should be advised that the name provided at this time will be the name in which they will be provided and ID# under and tracked in the Registry.		
11	Mailing Address	Provides as a primary means of contact between the AEC PDS Registry and the participant	Ask training participant to provide full primary mailing address at which they prefer to receive correspondence/notices/mailings
	<b>Clarifying Comments</b> <b>Physical vs. PO BOX</b> Either one is acceptable. Do not use abbreviations if providing a physical address. <b>City</b> Do not use abbreviations. Use what is assigned to the address by the USPS. <b>State</b> Use the standard two letter abbreviation. <b>Zip Code</b> Use the standard 5 digit number assigned by the USPS. <b>County</b> Use the county which corresponds to the mailing address provided.		
12	E-mail	Provides a fast and economical way to contact participants (mass)	Ask training participant to list their primary E-mail address. Be sure to include the FULL email address
	<b>Clarifying Comments</b> Not everyone will have an E-mail address or will choose to share it, so this section is optional. Home or work e-mail address is acceptable.		

13	Date of Birth	Provides descriptive identifying information about participant	Ask training participant to provide date of birth in <b>mm/dd/yyyy</b> format
	<b>Clarifying Comments</b> Information is used for identification of the participant for security reasons. If participant is a current member of the AECPDS Registry and has made available their membership ID#, it is acceptable to leave this field blank.		
14	Primary Phone Number	Provides fast way to contact participants	Enter full primary telephone number (Example: XXX-XXX-XXXX)
	<b>Clarifying Comments</b> Must include area code. Home phone or cell phone may be provided in this field.		
15	Work Phone Number	Provides a secondary way to contact participants	Enter full work telephone number (Example: XXX-XXX-XXXX)
	<b>Clarifying Comments</b> Must include area code. All other means of contact will be utilized prior to using the work phone number.		
16	<b>COMPLETE ONLY ONE:</b> Last 5 of SSN or AECPDS Registry ID #	Provides a means of identification to Registry staff so that this training can be tracked to the correct training transcript and/or so that participant can be enrolled in the Registry.	Enter either full social security number or assigned AECPDS Registry ID#. (SS# format: XXX-XX-XXXX)
	<b>Clarifying Comments</b> Both SSN and Registry ID# are not required. SSN is used strictly as identification means only and is kept confidential for security purposes.		
17	"I am a current member of the AECPDS Registry"	Provides communication to the AECPDS Registry staff this participant is a member of the Registry.	Check this box to indicate the participant is a member of the AECPDS Registry and would like for their information in the Registry to be updated to reflect the new personal information they have provided.
	<b>Clarifying Comments</b> If this box is not checked, please complete one of the boxes in the shaded area of this form and sign.		
	"I am a current... Please update my personal information..."	Provides an easy way for participants to communicate name, address, and/or telephone number changes to the Registry.	Ask training participant to check this box to indicate they are a member of the AECPDS Registry and would like for their information in the Registry to

			be updated to reflect the new personal information they have now provided
	<p><b>Clarifying Comments</b>          If this box is not checked and the participant's information in the Registry database is different, no changes will be taken. Permission must be granted by the participant in order for changes to be made.</p>		
18	"I am NOT a current. Please <b>ACCEPT</b> this attendance form as my initial application..."	Provides as a Basic Application for the AECPDS Practitioner Registry.	Ask training participant to check this box if they are not a current member of the AECPDS Practitioner Registry and request to be. This section is optional.
	<p><b>Clarifying Comments</b>          The "Personal Information" section of this attendance form must be completed in its entirety (except for email address) for this request to be considered valid and membership be processed. Participants' signature must be obtained for this request of information to be considered valid.          Participants must allow 14 business days from the time of receipt of this form in the Registry office for new membership to be processed and contact be made with the member.</p>		
19	"Please send me information on becoming a member at the...level of the SPECTRUM."	Provides a means of communication from participants to Registry staff requesting more information on AECPDS SPECTRUM levels.	Check the box if you are a Registry member or have checked that you want to be one and are requesting information sent to you regarding the different levels of the AECPDS SPECTRUM on which you could be placed based on credentials/education received and membership in a professional organization.
	<p><b>Clarifying Comments</b>          Box may be checked by existing members or by those that are requesting membership through this form. Participants must allow 14 business days from the time of receipt of this form for supplemental information to be sent to them. Participant's signature must be obtained for this request of information to be considered valid.</p>		
20	Signature/Date	Provides as an authorization/authentication from the participant.	Ask training participant to sign and date the fields as indicated.
	<p><b>Clarifying Comments</b></p>		

	This field is for those participants who are not in the early childhood field and/or are not interested in becoming a member of the AECPDS Registry.		
	<p style="text-align: center;">Bubbles</p> <p style="text-align: center;">○ ○ ○</p>	Provides visual representation to Registry Staff of which modules/sessions and/or how many clock hours the participant has completed of this multi-segmented training.	To be completed by trainer at the end of the training session.
21	<p><b>Clarifying Comments</b></p> <ul style="list-style-type: none"> <li>• This section will <b>ONLY</b> be used by trainers that are conducting a multi-segmented training that contains different modules/sessions and has been registered as such (Ex. Pre-K ELLA, INDEX, etc.)</li> <li>• If you are completing a workshop offered in one, single setting you <b>WILL NOT</b> complete this section as this type of training would not be considered “multi-segmented.”</li> <li>• On the first date of a multi-segmented training, the trainer will pass out this new form to all training participants. At the conclusion of the first module of a multi-segmented class, the trainer will collect this form and fill in the entire bubble of each training participant’s form that completed the first module in its entirety.</li> <li>• The Registry <b>WILL NOT</b> give any credit on a training transcript for the impartial completion of any given module in a multi-segmented training. (Ex. Attended only 2 hours of a 4 hour module that is part of a 20 hour multi-segmented training.)</li> <li>• <b>NO HALF/PARTIAL BUBBLE SUBMISSIONS WILL BE TRACKED.</b> The Registry <b>WILL TRACK</b> the completion of entire modules of a multi-segmented training are not completed. (Ex. Training participant only attended Modules 1, 2,3 and 4 of a 5 module training. On the training practitioner’s transcripts the completion of modules 1, 2, 3 and 4 will be indicated. Nothing will be indicated for module 5 since it was not attended. If the training participant makes up module 5 at a later date, the transcript will at that time reflect completion of module 5 once the trainer submits the necessary paperwork and it is processed by the Registry.</li> <li>• <b>It will be up to each individual trainer/training institution to determine to what extent they will allow practitioners to get credit for partial completion of any given module in a multi-segmented training. If partial completion is allowed, it will be up to each individual trainer/training institution to devise a tracking/proof of attendance mechanism that practitioners will use to verify partial completion to another trainer when the remaining hours of the incomplete module are made up. The only mechanism by which the Registry office will determine the completion of any portion of a multi-segmented session is by the used of this combo form.</b></li> <li>• The trainer will keep all combo corresponding “Attendance Form/Practitioner Applications” until the second module/session is conducted. At the second module/session offering of the multi-segmented training, the trainer will be responsible for filling in the second bubble for all individuals that returned to the multi-segmented class and completed that entire module. Individuals that are new to the multi-segmented training at that time will be asked to complete a new form. Individuals that</li> </ul>		

	<p>did not return to the multi-segmented training at this time will have their combo “Attendance Form/Practitioner Application” form maintained by the trainer until all modules of the training have been completed.</p> <ul style="list-style-type: none"> <li>• The trainer will repeat the process of bubbling in this form/issuing blank forms to new attendees until all modules of a particular multi-segmented training have been conducted.</li> <li>• Upon completion of the multi-segmented training, the trainer will submit all combo forms and evaluations to Registry office for processing. Trainers that work within larger training institutions should consult their institution to determine if there are any internal protocols that must be followed prior to submitting anything to the Registry office.</li> <li>• If when reviewing a submitted combo form at anytime during the offering of a multi-segmented training whose end date is longer than <b>8 weeks</b> from the initial start date, if a training participant marks that they want the combo form to serve as a Practitioner Application as well as an Attendance Form, the trainer will be responsible for sending in a photocopy of the form to the Registry office so that the application can be processed in a timely manner and an ID# can be issued. For those seeking Registry membership, the actual documentation of completed hours on their training transcripts will not be noted until the end of all corresponding modules of the multi-segmented training.</li> </ul>		
	Important Notice	Provides all participants with general requirement information.	Not Applicable.
<p><b>Clarifying Comments</b> All information regarding the requirements outlined has been taken from the rules and regulations governing each entity.</p>			

**For questions and additional assistance regarding the use of this form,  
please contact the Registry office at (888) 429-1585.**

## Arkansas Early Childhood Professional Development System

**Attendance Form**     **Practitioner Application**

Professional Development Course \_\_\_\_\_ Course ID # \_\_\_\_\_  
 Trainer ID# \_\_\_\_\_ Trainer \_\_\_\_\_ Clock Hours \_\_\_\_\_  
 City \_\_\_\_\_ Site \_\_\_\_\_ Date \_\_\_\_\_

**Statistical Information:**  
 This information is used for reporting purposes and for recording attendance. **PLEASE PRINT.**

Full Name (First Middle Last): \_\_\_\_\_  
 PO Box/Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Primary Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

**COMPLETE ONLY ONE**     AECPDS Registry ID Number: \_\_\_\_\_  
 Last 5 Digits of Social Security Number: XX X—X \_\_\_\_—\_\_\_\_

I am a current member of the AECPDS Registry.  
 I am a current member of the AECPDS Registry; please update my information to reflect the above.

*(OPTIONAL)*

**ARKANSAS EARLY CHILDHOOD PROFESSIONAL DEVELOPMENT SYSTEM  
REGISTRY**

I am **NOT** a current member of the Arkansas Early Childhood Professional Development System Registry. Please **ACCEPT** this attendance form as my initial application to become a member. (By marking this box and signing below, you will become a member of the AECPDS Registry at the *Basic Awareness* level.)

Please send me information on becoming a member at the Orientation, Intermediate, or Advanced levels of the SPECTRUM. (You will receive a current copy of the SPECTRUM and a complete application. Incentives offered by the AECPDS Registry will only be issued to those members at the Basic Orientation level and beyond.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<b>TRAINER USE ONLY</b>	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	(5)	(7)	(10)	(12)	(16)	(20)														

**IMPORTANT NOTICE**  
 Child Care Licensing has a basic requirement of 10 hours of DCCECE approved professional development annually for licensed facilities. Quality Approved Programs have a basic requirement of 15 hours of early childhood education professional development annually. ABC Program staff are required to obtain 30 hours of staff development on topics pertinent to early childhood, approved by DCCECE. Membership in the AECPDS Registry requires 15 hours of registered professional development annually.