

FOR OFFICE USE ONLY

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| Dates: | Status: | Numbers: |
| _____ Received | BASIC: Aware Orient | _____ ID# |
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| _____ Notification | ADVANCED: Assoc Bac Mast Doct | (SS#) |
| _____ Renewal Notice | | _____ MM |



**Arkansas Early Childhood Professional
Development
Practitioner Registry Application**

Please type or print.

Section 1. Tell Us About Yourself

Last Name: _____ First Name: _____ Middle Initial: _____

Other names under which you have worked: _____

Address: _____

P.O. Box/Street

City State Zip Code County

Home Telephone #: () _____ Work Telephone #: () _____

E-mail address: _____ Fax #: _____

SS#: _____ Date of Birth: _____ / _____ / _____

Section 2. Tell Us About Your Previous Employment

Check the type of program(s) you have worked in:

- | | | |
|---------------------------------------------------------|----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Lab School | <input type="checkbox"/> Public School |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> For Profit/Private | <input type="checkbox"/> ABC Program |
| <input type="checkbox"/> Child Care Resource & Referral | <input type="checkbox"/> Faith-based(church) | <input type="checkbox"/> Family Child Care |
| <input type="checkbox"/> Higher Education-sponsored | <input type="checkbox"/> Informal | <input type="checkbox"/> College/Technical School |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Registered | <input type="checkbox"/> Licensed |

Previous work experience in early care and education and the number of years working with each:(check all that apply)

- | | | |
|-------------------------------------------|----------------------------|-------------|
| <input type="checkbox"/> Infants/Toddlers | _____ Years / _____ Months | |
| <input type="checkbox"/> Preschool | _____ Years / _____ Months | |
| <input type="checkbox"/> School Age | _____ Years / _____ Months | |
| <input type="checkbox"/> Administrative | _____ Years / _____ Months | Title _____ |

Total work experience in early care and education: _____ Years / _____ Months

You may include your paid and unpaid work experience in Early Childhood Education in a supervised setting.

Section 3. Tell Us About Your Current Employment

Current employment position: _____

(Please write your exact job title on this line.)

Check the box(es) below which best describe(s) your current job:

Family Child Care

- Informal
- Registered
- Licensed
- Provider
- Substitute
- Assistant

Center/Classroom Setting

- Director
- Head Teacher
- Teacher
- Teacher Assistant

School Age

- Director
- Head Teacher
- Teacher
- Teacher Assistant

Others

- Program Administrator
- School System Paraprofessional
- Higher Education Faculty
- Early Childhood Ed. Consultant
- Other (please specify): _____

- Program Mentor
- Home Educator
- Early Childhood Coordinator
- Trainer

Employment

- 12 month
- School term only
- Summer only

Group(s) with which you currently work today: (please check all that apply)

- Infants and Toddlers (6 weeks-3 years)
- School Age (5-13 years)
- Not Assigned to Work Directly With Children
- Special Needs
- Preschool (3 -5 years)
- Pre-K - Grade 3
- Adults
- Kindergarten
- Mixed Ages _____
- Other _____

How long have you worked in your present position? _____ Years / _____ Months

Agency: _____

Program Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Section 4. Tell Us About Your Educational Background

Certificate(s) or Credential(s)

Please check the Certificate(s) or Credential(s) you have received:

| Certificate/Credential | Year Received | Agency or Institution |
|------------------------|---------------|-----------------------|
|------------------------|---------------|-----------------------|

Basic:

- | | | |
|--------------------------------------------------------------------------------------------------------------|-------|-------|
| <input type="checkbox"/> High School Diploma or GED | _____ | _____ |
| <input type="checkbox"/> Introduction to Child Care(3 clock hrs) | _____ | _____ |
| <input type="checkbox"/> Pre-Employment: Introduction to Early Care and Education (40 clock hrs.) | _____ | _____ |
| <input type="checkbox"/> Arkansas Children's Program Administrator (Director) Orientation (18 clock hrs.) | _____ | _____ |
| <input type="checkbox"/> Family Child Care Orientation(8 clock hrs) | _____ | _____ |
| <input type="checkbox"/> Child Care Orientation Training (CCOT)(20 clock hrs) | _____ | _____ |
| <input type="checkbox"/> Secondary Child Guidance, Management and Services (140 to 180 hrs.) | _____ | _____ |

Intermediate:

- | | | |
|--------------------------------------------------------------------------------------------------------------|-------|-------|
| <input type="checkbox"/> Arkansas Children's Program Administrator (Director) Certificate (60 clock hrs.) | _____ | _____ |
| <input type="checkbox"/> Best Care (10 clock hrs.) | _____ | _____ |
| <input type="checkbox"/> Caregiver Certificate (90 clock or 6 credit hrs.) | _____ | _____ |
| <input type="checkbox"/> Child Care Specialist Certificate(60 clock hrs) | _____ | _____ |
| <input type="checkbox"/> Arkansas Child Care Apprenticeship Certificate (144 clock hrs.) | _____ | _____ |
| <input type="checkbox"/> Arkansas Children's Program Administrator (Director) Credential (60 clock hrs.) | _____ | _____ |
| <input type="checkbox"/> Child Development Associate (CDA) (120 clock hrs.) | _____ | _____ |
| <input type="checkbox"/> NAFCC Accreditation (90 clock hrs.) | _____ | _____ |
| <input type="checkbox"/> Child Care Curriculum Endorsement (135 clock or 9 credit hrs.) | _____ | _____ |
| <input type="checkbox"/> Mentor Endorsement (45 clock hrs.) | _____ | _____ |
| <input type="checkbox"/> Pre-K Early Literacy Learning in Arkansas Endorsement (30 clock hrs.) | _____ | _____ |
| <input type="checkbox"/> Certificate of Proficiency (9 to 15 credit hrs.) | _____ | _____ |
| | | |
| <input type="checkbox"/> Technical Certificate (24 to 30 credit hrs.) | _____ | _____ |
| <input type="checkbox"/> Technical Diploma (CDA and 27 credit hrs.) | _____ | _____ |

Advanced:

| Degree | Institution | Major Area of Study | Year Completed |
|---------------------------------|-------------|---------------------|----------------|
| Master's Degree | | | |
| Bachelor's Degree (4 yr) | | | |
| Associate Degree (2 yr) | | | |
| Other: | | | |

If your degree is in a related field, list the number of early childhood/child development college credit hours completed.

Section 5. Tell Us About Your Professional Memberships

I am a member of the following early childhood professional organizations:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Section 6. Tell Us About Your Professional Contributions

| Professional Contributions (Identify any contributions you have made in the past three years) | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|
| Function | Name of Organization | Date of Activity |
| <input type="checkbox"/> Presenter at local, state, or national early childhood conference or community event | | |
| <input type="checkbox"/> Presenter of in-service training for staff or support group of early childhood practitioners | | |
| <input type="checkbox"/> Worked on local, state, regional, national early childhood conference | | |
| <input type="checkbox"/> Committee member in local, regional or national professional organization | | |
| <input type="checkbox"/> Staff of state or national accredited program | | |
| <input type="checkbox"/> Board member or officer in local, regional or national professional organization | | |
| <input type="checkbox"/> Member of task force, advisory group, or training task force on early childhood education or child/ family issues | | |
| <input type="checkbox"/> Child Care Resource and Referral Agency volunteer or board member | | |
| <input type="checkbox"/> Author or contributor of material for early childhood publications distributed locally, statewide or nationally | | |
| <input type="checkbox"/> National Association for Family Child Care (NAFCC) Accreditation Observer (validator) | | |
| <input type="checkbox"/> National Association for the Education of Young Children (NAEYC) Accreditation Validator | | |
| <input type="checkbox"/> State Quality Approval Accreditation Monitors/Evaluators | | |
| <input type="checkbox"/> Mentor in recognized program for early childhood education practitioners | | |

Before you sign this application and mail it, be sure that you attach photocopies of the following documentation:

____ **College transcript documenting courses in Child Development/Early Childhood Education**

____ **All certificates and credentials listed in the Intermediate and Advanced levels on page 3**

The information presented in this application is complete and accurate to the best of my knowledge.

Signature

Date

Please mail the completed application and documentation to:

Arkansas Early Childhood Professional Development Registry

PO Box 808
State University, AR 72467
(888) 429-1585 *toll free*
(870) 972-3055
(870) 972-3556 *fax*

How did you hear about the Arkansas Early Childhood Professional Development Registry?

- Newsletter (specify)_____
- Web site_____
- Training (specify)_____
- Licensing Specialist_____
- Conference (specify)_____
- Radio_____
- Professional Organization (specify)_____
- Co-Worker_____
- Other_____

Section 7. Tell Us How You Plan To Use the Arkansas Early Childhood Professional Development System and Registry

The Training Workshops provided through the Arkansas Early Childhood Professional Development System and Registry will meet the ten Competency Areas established by the Arkansas Early Childhood Professional Development Work Group.

The ten Competency Areas are:

- ▶ Child Growth and Development
- ▶ Creating Caring Communities to Support Learning and Development
- ▶ Supporting Learning and Development Through Curriculum Planning and Implementation
- ▶ Assessment and Evaluation
- ▶ Family
- ▶ Community
- ▶ Professionalism
- ▶ Program Management
- ▶ Communication
- ▶ General Knowledge

Training Plan

Child Care Licensing has a basic training requirement of 10 hours. Please check the boxes which explain your goal for training during the next year.

Training

- “ Introduction to Child Care
 Child Care Orientation Training (CCOT)
 Family Child Care Orientation
 Child Caregiver Certificate
 One Year Technical Diploma
 Specialist Certificate
 Infant/Toddler
 Preschool
 School Age
 Family Child Care
 Director Orientation
 Director Certificate
 Director Credential
 Other _____

Section 8. Statistical Information

The following information is **OPTIONAL** and will in no way affect your Registry application or Registry certificate status.

The Arkansas Early Childhood Professional Development Registry encourages you to complete this section to ensure that accurate statistical information is provided to the funders. Please be assured that this information will be kept confidential. This information is for statistical purposes only, as well as to gather information regarding the status of early care and education professionals in the state of Arkansas.

Gender: Male Female

Ethnicity: American Indian/Alaskan Native Hispanic Black (Non Hispanic)
 Asian/Pacific Islander White (Non Hispanic) Other _____

Age: 17-19 20-29 30-39 40-49 50-59 60 & over

Number of Children Enrolled in Program: _____ **Number of children in your group:** _____

Number of Teachers/Caregivers in Your Group: _____

Highest Level of Education Attained: High School__ GED__ CDA__ AA__ Bachelor's__ Master's__

Early Childhood Employment Income: (Please tell us what you earn: Choose A or B)

A. Hourly Full-time \$5.00/hour or less \$7.00 to \$7.99
 Part-time \$5.01 to \$5.99 \$8.00 to \$8.99
 \$6.00 to \$6.99 \$9.00 or more

B. Annual Salary Full-Time \$10,000 or less \$18,000 to \$19,999
 Part-Time \$10,001 to \$13,999 \$20,000 to \$30,000
 \$14,000 to \$15,999 Over \$30,000
 \$16,000 to \$17,999

Are you totally dependent on your early childhood employment income?

Yes No Comments: _____

What benefits are offered with your employment? (Please check all that apply.)

Health Insurance Retirement Plan
 Paid Vacation Paid Sick Leave
 Paid Personal Leave Child Care
 Paid Holidays Reduced Child Care
 Liability Insurance Meals
 Disability Insurance Life Insurance
 Other (please explain): _____

County of Residence _____ **County of Employment** _____

Date of Application _____ **Spectrum Level Assigned** _____

