

# PRACTITIONER REGISTRY APPLICATION

The **Registry** verifies trainers, registers training, and tracks the professional development of both practitioners and trainers.



## Registry

The purpose of the **Registry** is to insure quality, continuity, and accessibility for early childhood practitioners in Arkansas

P.O. Box 808 ■ State University, Arkansas 72467-0808  
prof\_registry@astate.edu ■ <http://professionalregistry.astate.edu>



Dear Early Childhood Professional:

Welcome to the Traveling Arkansas' Professional Pathways Registry. You are joining thousands of early childhood professionals and agencies that are becoming a part of the Professional Development System in Arkansas.

The process to become a member of the Practitioner Registry is a simple one:

1. Complete the attached application. Be sure to print legibly and to answer every question. If any questions are not answered, the application will be considered incomplete and will not be processed.
2. Attach originals of your certificates, credentials, college transcripts, and/or any other documentation that you would like us to consider. These documents will be used to identify your level on the professional pathway in the TAPP System. Please send only the certificates from professional development that has been registered with the TAPP Registry and facilitated by a verified TAPP Trainer. Please note, we must receive the originals. If you wish to have your documents returned, you must enclose a self-addressed, stamped envelope. Documents submitted without a self-addressed, stamped envelope will be shredded after 45 days.
3. Submit pages numbered 1, 2, 3, and 4 of your completed application.

When your application and documentation (if any) have been received by the TAPP Registry office, it will be reviewed. Provided your application is complete, you will be assigned a membership identification number. Your level of professional pathway will be identified, based on the documentation submitted. The three pathway levels are Foundation, Intermediate, and Advanced. For more information, please visit our website: <http://professionalregistry.astate.edu>.

By becoming a member of the TAPP Registry, you have taken an important step in enhancing your professional growth. Remember, to maintain an active status in the TAPP Registry, you must meet the following requirements:

- ▶ Complete 15 hours of registered professional development within the TAPP Registry over the course of each year.
- ▶ Maintain membership and participate in an early childhood professional organization. *(Not required for Entry or Foundation level practitioners.)*

Thank you for the work that you are doing to improve the quality of opportunities for children in our state.

Sincerely,

Jo Ann Nalley  
Director, TAPP Registry



## Section 2 - Current Employment

**Current employment position or title** \_\_\_\_\_

**Name of current employer** \_\_\_\_\_

**Work Mailing Address** \_\_\_\_\_

**P.O. Box/ Street** \_\_\_\_\_  
**City** **State** **Zip Code** **County**

**Work Phone** (\_\_\_\_\_) \_\_\_\_\_ **Work E-Mail** \_\_\_\_\_

**License Status**     Church Operated Exempt     Exempt (example: Mother's Day Out, Boys & Girls Club)  
 Licensed     Pending     Provisional     Registered Home  
 I do not work in a program that can be classified in above categories.

**Child Care Facility License #** \_\_\_\_\_

**Check the box(es) that best describe(s) age groups you currently serve/teach**

- |   |  |
|---|--|
| <input type="checkbox"/> Infants and Toddlers (6 weeks—3 years) | <input type="checkbox"/> Afterschool Upper Elementary          |
| <input type="checkbox"/> Preschool (3—5 years)                  | <input type="checkbox"/> Afterschool Middle School             |
| <input type="checkbox"/> Kindergarten                           | <input type="checkbox"/> Afterschool High School               |
| <input type="checkbox"/> Afterschool Primary (K—3rd grade)      | <input type="checkbox"/> I do not work directly with children. |

**How long have you worked in your present position?** \_\_\_\_\_ Years    \_\_\_\_\_ Months

**Start date with present employer** \_\_\_\_\_

**Total work experience in early care and education** \_\_\_\_\_ Years    \_\_\_\_\_ Months

**\*Early Childhood Employment Income** (Check either A or B)

- |                  |                                    |   |   |
|------------------|------------------------------------|---|---|
| A. Hourly        | <input type="checkbox"/> Full-time | <input type="checkbox"/> \$5.00/hour or less  | <input type="checkbox"/> \$7.00 to \$7.99     |
|                  | <input type="checkbox"/> Part-time | <input type="checkbox"/> \$5.01 to \$5.99     | <input type="checkbox"/> \$8.00 to \$8.99     |
|                  |                                    | <input type="checkbox"/> \$6.00 to \$6.99     | <input type="checkbox"/> \$9.00 or more       |
| B. Annual Salary | <input type="checkbox"/> Full-time | <input type="checkbox"/> \$10,000 or less     | <input type="checkbox"/> \$18,000 to \$19,999 |
|                  | <input type="checkbox"/> Part-time | <input type="checkbox"/> \$10,001 to \$13,999 | <input type="checkbox"/> \$20,000 to \$29,999 |
|                  |                                    | <input type="checkbox"/> \$14,000 to \$15,999 | <input type="checkbox"/> Over \$30,000        |
|                  |                                    | <input type="checkbox"/> \$16,000 to \$17,999 |   |

**\*Date of last wage increase**     None     1-6 months     6-12 months     1-2 years     3-4 years     5+ years

**Is your early childhood employment income the sole source of income for your household?**  
 Yes     No

**What benefits are offered with your employment?** (Check all that apply)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Health Insurance                             | <input type="checkbox"/> Retirement Plan      | <input type="checkbox"/> Paid Vacation       | <input type="checkbox"/> Paid Holidays        |
| <input type="checkbox"/> Paid Sick Leave                              | <input type="checkbox"/> Paid Personal Leave  | <input type="checkbox"/> Liability Insurance | <input type="checkbox"/> Life Insurance       |
| <input type="checkbox"/> Reduced Child Care                           | <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> Meals               | <input type="checkbox"/> Paid Conference Fees |
| <input type="checkbox"/> Paid time to pursue professional development | <input type="checkbox"/> Other: _____         |  |   |

**\*The information on this page is used collectively for policy decisions and will not affect your Professional Pathway level. All information is kept confidential. APPLICATION WILL BE CONSIDERED INCOMPLETE IF A QUESTION IS LEFT UNANSWERED.**

## Section 3 - Professional Development/ Education Background

**Please check the certificates, credentials, and/or diplomas that you have received.**  
*Originals of all professional certifications, certificates, technical documents and college transcripts must accompany this application for identification of appropriate professional pathway level.*

**Training Program**

**Clock Hours**



Introduction to Child Care	3	
Early Care and Education DIRECT (Face-to-Face for 20 hours or Online for 30 hours )	20/30	
High School Diploma or GED	-	
CPR Training	-	
Arkansas Children's Program Administrator Orientation [ACPAO]	18	
Child Care Orientation Training [CCOT]	10	
Family Child Care Provider [FCCP]	8	
Secondary Child Guidance, Management, and Services	140-180	

Arkansas Children's Program Administrator Certificate [ACPAC]	60	
Best Care	10	
Early Care & Education Specialist Certificate	60	
REQUIRED: <input type="checkbox"/> Child Development (20) <input type="checkbox"/> Professional Development (20) Specialty Area (Pick One for 20 hours): <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-Age <input type="checkbox"/> Family Child Care		
Caregiver Certificate	90	
<input type="checkbox"/> CD: Birth to Three <input type="checkbox"/> CD: Three to Five <input type="checkbox"/> CD: Five to Eight <input type="checkbox"/> Creative Activities <input type="checkbox"/> Guidance and Behavior Management <input type="checkbox"/> Health & Safety		

Arkansas Child Care Apprenticeship Certificate	144	
Arkansas Children's Program Administrator Credential	60	
Child Development Associate (CDA)	120	
NAFCC Accreditation	90	

Mentor Endorsement	45	
Early Care and Education Curriculum Endorsement	145	
<input type="checkbox"/> AECE Framework Handbook Course (30) <input type="checkbox"/> Pre-K Social Emotional Learning (45) <input type="checkbox"/> Pre-K Math-Science (30) <input type="checkbox"/> Pre-K Early Literacy Learning in Arkansas (30)		

**Credit Hours**

Certificate of Proficiency	9-15	
Technical Certificate	24-30	
Technical Diploma	CDA +27	

Degree	Institution	Major	Year Began	Year Completed
Associate (2 year)				
Baccalaureate				
Masters				
Doctorate				
Other				

## Section 4 - Professional Activity

Membership in an early childhood or youth development professional organization is required for practitioners at the Intermediate and Advanced levels on the professional pathway.

**I am a member of the following organization(s):** [Submit proof of membership with completed application]

- AECA/ SECA     AHSA/ NHSA     NAA  
 NAEYC         NAFCC         Other \_\_\_\_\_

## Section 5 - Area of Specialization

What specialty area are you interested in pursuing or learning more about? *(Optional)*

- Infant/Toddler     Preschool         Family Child Care     Director/ Administrator  
 School-Age/ Youth Development     Home Visitor         Other \_\_\_\_\_

## Section 6 - Signature

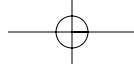
I certify that the information contained in this application is complete and accurate to the best of my knowledge. I understand that this information will be entered into the TAPP Registry database and will not be shared with anyone other than authorized representatives of TAPP . All instances of reported fraudulent documentation of professional development hours will be forwarded to the Licensing and Accreditation Unit, Division of Child Care and Early Childhood Education for appropriate action. Fraudulent documentation (falsification) of information referred to the Licensing and Accreditation Unit may constitute grounds for the revocation of the child care license.

Signature

Date Signed

### Pre-Mail Checklist

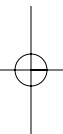
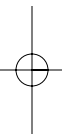
- Have you attached supporting documentation to be considered for the appropriate level on the professional pathway?** *Documents must be originals, do not send copies. Documents will be shredded within 45 days of receipt. If you would like documents returned to you, you must include a self-addressed, stamped envelope.*
- IS EVERY QUESTION COMPLETE and Application signed in Section 6?** *Incomplete applications will be returned and a Registry number will not be issued.*



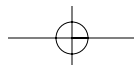
**TAPP Registry Contact Information**

**PLEASE MAIL THE COMPLETED  
APPLICATION AND DOCUMENTATION TO:**

**TRAVELING ARKANSAS' PROFESSIONAL PATHWAYS REGISTRY  
PO Box 808  
State University, AR 72467**



<b>For More Information</b>	
<b>Phone</b>	(888) 429-1585
<b>Fax</b>	(870) 972-3556
<b>On the Web</b>	<a href="http://professionalregistry.astate.edu">http://professionalregistry.astate.edu</a>
<b>Email</b>	<a href="mailto:prof_registry@astate.edu">prof_registry@astate.edu</a>



For more information regarding the TAPP Registry, please visit our website at: <http://professionalregistry.ystate.edu>.

The Registry's website is a valuable tool, as it lists Resources and various professional development opportunities throughout the state.

### **TAPP VISION STATEMENT**

**All early childhood professionals in Arkansas value a coordinated professional development system based upon research and best practice, which contains high quality training experiences, and allows for the development of career pathways to meet diverse needs of individuals.**