

Pathways to Professional Recognition

OREGON REGISTRY STEP APPLICATION



Reflective Overview Statement: If you are applying for a Step 7.5 – 10 using community-based training, a Reflective Overview Statement is required. A Reflective Overview Statement is a 500-word reflection of a community-based training. Please submit your Reflective Overview Statement with your Step Application. If writing is a barrier, please contact OCCD.

Show your Commitment to Ethical Conduct: By checking a code of ethical conduct and signing this application, you are showing your commitment to practicing professional ethics within the field of childhood care and education by committing to a code of ethical conduct.

NAEYC Code of Ethical Conduct (www.naeyc.org) Other code of ethical conduct: _____

Section 1: Individual Information

Last Name		First Name (legal name)		Middle Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer to self-describe:			Date of Birth (mm/dd/yyyy)	Former Name(s)
Physical Address <input type="checkbox"/> I would like the Child Care Division to update my address on file for the Central Background Registry. My Registry number is: R_____ (street address, apt. number)				
City		State	Zip Code	County of Residence
Mailing Address (if different from above)				
City		State	Zip Code	City of Birth
Home Phone Number		Email Address		

Section 2: Optional Enrollment Information

Check below your highest level of education:

Less than high school diploma High school diploma General Educational Development (GED)

Certificate from college, school, or professional association in: _____

2-year college degree, AA/AS/AAS or other in: _____

4-year college degree, BA/BS or other in: _____

Master's degree, MA/MS/MED or other in: _____

Doctoral degree, PhD, EdD, or other in: _____

Other (please list degree and field of study): _____

Check below what racial/ethnic background best describes you:

American Indian/Alaskan Native Black or African American Native Hawaiian or Pacific Islander

Asian Hispanic/Latino/Spanish White

Other (please list): _____

What language do you speak most often at home? _____

Do you speak any language(s) in addition to your primary language? (please list) _____

What language do you speak most often with the children that you work with or volunteer? _____

45 business days processing time



To submit your application:

Upload: my.oregonregistryonline.org
Mail: Portland State University- OCCD
Attn: Oregon Registry Application
PO Box 751 Portland OR 97207-0751

Questions? 1-877-725-8535 or occdregistry@pdx.edu

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Section 3: Workforce Information					
<p>Check below what best describes the facility you work or volunteer at:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top; border: none;"> <input type="checkbox"/> Unemployed <input type="checkbox"/> Child care resource and referral <input type="checkbox"/> After-school program <input type="checkbox"/> EI/ECSE <input type="checkbox"/> Head Start and/or OPK <input type="checkbox"/> Health or mental health <input type="checkbox"/> ODE/CACFP sponsor </td> <td style="width: 33%; vertical-align: top; border: none;"> <input type="checkbox"/> Child care center/Preschool <input type="checkbox"/> Parent (e.g., employed as a nanny) <input type="checkbox"/> Relief nursery <input type="checkbox"/> School district <input type="checkbox"/> Family child care provider (self-employed) <input type="checkbox"/> State of Oregon Office of Child Care <input type="checkbox"/> Other (please list): </td> <td style="width: 33%; vertical-align: top; border: none;"> <input type="checkbox"/> Certified Child Care Center <input type="checkbox"/> Certified Family Child Care <input type="checkbox"/> Registered Family Child Care <input type="checkbox"/> License Exempt </td> </tr> </table>		<input type="checkbox"/> Unemployed <input type="checkbox"/> Child care resource and referral <input type="checkbox"/> After-school program <input type="checkbox"/> EI/ECSE <input type="checkbox"/> Head Start and/or OPK <input type="checkbox"/> Health or mental health <input type="checkbox"/> ODE/CACFP sponsor	<input type="checkbox"/> Child care center/Preschool <input type="checkbox"/> Parent (e.g., employed as a nanny) <input type="checkbox"/> Relief nursery <input type="checkbox"/> School district <input type="checkbox"/> Family child care provider (self-employed) <input type="checkbox"/> State of Oregon Office of Child Care <input type="checkbox"/> Other (please list):	<input type="checkbox"/> Certified Child Care Center <input type="checkbox"/> Certified Family Child Care <input type="checkbox"/> Registered Family Child Care <input type="checkbox"/> License Exempt	
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<p>Check below your position(s) and age-group(s) you work with:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top; border: none;"> <input type="checkbox"/> Administrative Support <input type="checkbox"/> Aide 1 <input type="checkbox"/> Aide 2 <input type="checkbox"/> Assistant 1 <input type="checkbox"/> Assistant 2 <input type="checkbox"/> Manager <input type="checkbox"/> Cook </td> <td style="width: 25%; vertical-align: top; border: none;"> <input type="checkbox"/> Director <input type="checkbox"/> Driver <input type="checkbox"/> Education Coordinator <input type="checkbox"/> Head Teacher <input type="checkbox"/> Health/Mental Health <input type="checkbox"/> Teacher's Aide <input type="checkbox"/> Teacher </td> <td style="width: 25%; vertical-align: top; border: none;"> <input type="checkbox"/> Nanny <input type="checkbox"/> Multisite Coordinator <input type="checkbox"/> Provider <input type="checkbox"/> Substitute Provider <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (please list): </td> <td style="width: 25%; vertical-align: top; border: none;"> <input type="checkbox"/> Adults <input type="checkbox"/> School-Age <input type="checkbox"/> Preschool <input type="checkbox"/> Toddlers <input type="checkbox"/> Infants <input type="checkbox"/> No-age group </td> </tr> </table>		<input type="checkbox"/> Administrative Support <input type="checkbox"/> Aide 1 <input type="checkbox"/> Aide 2 <input type="checkbox"/> Assistant 1 <input type="checkbox"/> Assistant 2 <input type="checkbox"/> Manager <input type="checkbox"/> Cook	<input type="checkbox"/> Director <input type="checkbox"/> Driver <input type="checkbox"/> Education Coordinator <input type="checkbox"/> Head Teacher <input type="checkbox"/> Health/Mental Health <input type="checkbox"/> Teacher's Aide <input type="checkbox"/> Teacher	<input type="checkbox"/> Nanny <input type="checkbox"/> Multisite Coordinator <input type="checkbox"/> Provider <input type="checkbox"/> Substitute Provider <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (please list):	<input type="checkbox"/> Adults <input type="checkbox"/> School-Age <input type="checkbox"/> Preschool <input type="checkbox"/> Toddlers <input type="checkbox"/> Infants <input type="checkbox"/> No-age group
<input type="checkbox"/> Administrative Support <input type="checkbox"/> Aide 1 <input type="checkbox"/> Aide 2 <input type="checkbox"/> Assistant 1 <input type="checkbox"/> Assistant 2 <input type="checkbox"/> Manager <input type="checkbox"/> Cook	<input type="checkbox"/> Director <input type="checkbox"/> Driver <input type="checkbox"/> Education Coordinator <input type="checkbox"/> Head Teacher <input type="checkbox"/> Health/Mental Health <input type="checkbox"/> Teacher's Aide <input type="checkbox"/> Teacher	<input type="checkbox"/> Nanny <input type="checkbox"/> Multisite Coordinator <input type="checkbox"/> Provider <input type="checkbox"/> Substitute Provider <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (please list):	<input type="checkbox"/> Adults <input type="checkbox"/> School-Age <input type="checkbox"/> Preschool <input type="checkbox"/> Toddlers <input type="checkbox"/> Infants <input type="checkbox"/> No-age group		
Name of Facility (list business name. If family child care, list provider's name)	Facility License Number				
Facility Physical Address (street address, apt. number, city, state, zip)	Facility Phone Number				
Mailing Address (if different from above)	County				

Section 4: Read and Sign	
<p>You have reviewed the information provided in this application and attest that it is true and accurate to the best of your knowledge. You agree to notify OCCD of any updates or changes to your information as they occur (e.g., change of address, name, etc.).</p> <p><input type="checkbox"/> You understand incomplete applications will be returned. <input type="checkbox"/> You understand that upon review of your training and education, any repeat training will be disapproved.</p> <p>The Oregon Registry is a system that will manage your training and education records for licensing requirements and personal professional development. Oregon Registry representatives will undertake all necessary precautions to ensure that only authorized personnel will be able to access confidential information. Confidential information will not be disclosed for any purposes other than described here and as authorized by law. By your signature, you consent to the disclosure of your individual contact and training/education information to authorized personnel with the Office of Child Care, Oregon Center for Career Development, Department of Human Services, and/or the Central Coordination of Child Care Resource and Referral at The Research Institute and local child care resource and referral programs.</p>	
Applicant's Signature	Printed Name
Date Signed	

45 business days processing time



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 Attn: Oregon Registry Application
 PO Box 751 Portland OR 97207-0751
Questions? 1-877-725-8535 or occdregistry@pdx.edu



OREGON REGISTRY EDUCATION AWARD ELIGIBILITY FORM



Education Award Eligibility Form

You may qualify if you work at an Office of Child Care (OCC) licensed facility or an Oregon Department of Human Services (ODHS) active facility at least 20 hours a week and you work with children under the age of 13 or supervise staff in that capacity. If you meet these requirements, you may receive the following award for the Milestone you achieve:

Milestone 1: \$125 at Step 3 through Step 6 of the Oregon Registry

Milestone 2: \$175 at Step 7 through Step 8.5 of the Oregon Registry

Milestone 3: \$225 at Step 9 or above of the Oregon Registry

Instructions

1. Complete sections 1-5 on the Education Award Eligibility Form. All information is required. Incomplete forms receive a denial email.
2. If you are eligible for an award upon receiving your completed Education Award Eligibility Form, you will receive an email from OCCD with instructions on how to submit a substitute W-9 through PSU PaymentWorks. If you are not eligible for an award, you will receive a denial email.
3. In order to receive an award, you must follow instructions on the PSU PaymentWorks email to submit a substitute W-9.
Note: According to Internal Revenue Service (IRS) Code, W-9 information is required for you to receive a payment, and according to Oregon Administrative Rule, a direct deposit (ACH) is required, unless you opt out. Tax questions on how to fill out the Substitute W-9? Call the IRS Tax Help Line (800-829-1040) or visit irs.gov.
4. Once your PSU PaymentWorks information is received, OCCD will process the payment for your award. Please allow 55+ business days for processing.

Education Award Eligibility Form

1. You understand this award may be considered taxable income and that if you are a Portland State University student, it may affect your financial aid. You may be eligible for only one milestone award in a fiscal year (July 1–June 30). Your eligibility for an Education Award depends on your completed forms, meeting the stated requirements, and as funding is available. By completing this form, you are providing permission to contact you at a later date to survey Education Award applicants.

Printed Name:

Your Signature:

2. Are you currently a Portland State University Student? Yes No

3. How many years have you worked in early childhood education?

4. Employment Eligibility Criteria (select *one* option to provide facility information for where you are currently working):

Option 1: Self-employed

- Registered Family (RF):** OCC Registration #: RF
- ODHS active family child care:** ODHS Provider #:

Option 2: Staff member of a Child Care Facility

Facility Name:

Facility Address:

- Certified Center (CC):** OCC Registration #: CC
- Certified Family (CF):** OCC Registration # CF
- ODHS active center:** ODHS Provider #:

5. *Supervisor/Owner Statement: "I attest the applicant is an employee of the above-named facility and the applicant works 20 or more hours per week with children under the age of 13 or supervises staff in that capacity."*

Supervisor/Owner Name:

Supervisor/Owner Signature: