



## EMPLOYER/SUPERVISOR VERIFICATION PROCESS Instructions

**Remember**, you are going to use this EMPLOYER/SUPERVISOR VERIFICATION PROCESS **only** if you are currently employed as a trainer, or in an employed position that includes responsibilities as a trainer (such positions could be as a Community College or University instructor, adjunct faculty, Child Care Resource and Referral trainer, Head Start trainer, corporate child care trainer, etc.). This EMPLOYER/SUPERVISOR VERIFICATION PROCESS is based upon verification by your employer/supervisor of your qualifications.

Complete the following Steps:

- 1) Complete the **Oregon Registry Trainer Program Enrollment Form**. *If you have already completed and submitted an Oregon Registry Trainer Program Enrollment Form, please complete Items 1-5. For Item 6, check one of the boxes. **If there are no changes to report, you do not need to complete the rest of the form.** If there are any changes to report, please check the second box and indicate any **changes** on the form. You will not need to complete the rest of the form.*
- 2) Complete the **Secondary Standardized Trainer Application**. Please clearly indicate on this form whether you are applying for Building Blocks of Social and Emotional Development (BBSSED) or Child Care Health and Safety (CCHS).
- 3) Complete the **Options Form**, which describes each of the three ways to qualify as a Standardized Trainer, each with their individual sets of requirements. You will notice that there are different ways within each option to meet the standards. This provides you with the greatest flexibility for determining how you meet the standards that have been established. Decide which option is best suited to your particular background, experience, and education. As an applicant, you **ONLY** need to meet **ONE** option to be approved.

There are three different options by which an applicant may be approved:

- Option 1)** Experience as a Trainer
- Option 2)** Experience in the Field
- Option 3)** Formal/Documented Education in the Field

On the Options Form, select an option and check the box. Make sure you have selected an option on the Options Form that reflects your particular background, experience and

- 4) Next, give a copy of the Options Form to your employer/ supervisor along with
  - a) Employer/Supervisor Verification Instructions
  - b) Employer/Supervisor Verification Form
- 4) Once your employer/supervisor has completed and signed the Employer/Supervisor Verification Form, combine it with your other application forms.

- 5) Send in your application packet, including:
- Oregon Registry Trainer Program Enrollment Form
  - **Standardized Secondary Trainer** Application Form
  - Options Form
  - Employer/Supervisor Verification Form for **Standardized Secondary Trainer**
- 6) Submit your application by **FAX** to 503.725.5430. Please be sure to put Oregon Registry Secondary Trainer Application on the cover sheet

**Or mail to:**

Portland State University-OCCD  
PO Box 751  
Portland OR 97207-0751  
Attn: **Oregon Registry Secondary Trainer Application**

**Questions? Please contact Beverly Briggs, Training & Education Coordinator, at OCCD:  
Toll Free: 877.725.8535; 503.725.8275; babriggs@pdx.edu**

**Thank You**



**ENROLLMENT FORM**

You **MUST** complete items #1 – 6 for all applications

1. Name: \_\_\_\_\_  
Last First Middle Former Name(s)

2. Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 3. Last **FIVE** digits of your Social Security #:  -

4. Mailing Address: \_\_\_\_\_  
Street or PO Box  
 \_\_\_\_\_  
City State ZIP County

5. Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

6. Check only **ONE** and follow the directions provided:  
 I have already completed items #7 – 15, and I have no changes to report. Go directly to items #16 & #17.  
 I have not filled out items #7 – 15, or I need to update some of the information in items #7 – 15. Please continue and complete items #7 – 17.

7. Email Address: \_\_\_\_\_

8. Place of Employment: \_\_\_\_\_  
If Self-employed, please provide business name

9. Position/Title: \_\_\_\_\_

10. What is your Child Care Division licensing status? (*Required: Check only ONE*):  
 Registered Family Child Care       Licensed Center-Based Child Care Program Staff  
 Certified Family Child Care       Exempt Center-Based Child Care or Preschool Staff  
 Exempt Family Child Care       None of the above

11. Of the following, which settings do you work in? What job(s) do you have? (*Required: Check all that apply*):

<input type="checkbox"/> Family Child Care	<input type="checkbox"/> In a Child's Home (i.e. Nanny)
<input type="checkbox"/> Center-Based Care	<input type="checkbox"/> Child Care Resource and Referral Program Staff
<input type="checkbox"/> School Age Care Program (before/after school) Staff	<input type="checkbox"/> State Agency Staff
<input type="checkbox"/> Head Start or Oregon Pre-K Head Start Program Staff	<input type="checkbox"/> Family Support Services
<input type="checkbox"/> High School Teen Parent & Child Development Program Staff	<input type="checkbox"/> 2 or 4 Year Higher Education Early Childhood Education Program Staff
<input type="checkbox"/> Early Intervention/Early Childhood Special Education Program Staff	<input type="checkbox"/> Trainer
<input type="checkbox"/> Elementary Grades K-4 Staff	<input type="checkbox"/> Private Consultant
<input type="checkbox"/> Family Member or Friend of Family Providing Care	<input type="checkbox"/> Other (e.g. Librarian, Mentor, etc.):

*The next three items #12 – 14 are optional. We use this information to track our success in being inclusive of all populations.*

12. What ONE racial/ethnic heritage BEST describes you? Please feel free to write in another word to describe your ethnic or cultural identity if your first choice is not listed.

<input type="checkbox"/> White/non-Hispanic/non-Latino	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> White/Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Black/non-Hispanic/non-Latino	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Black/Hispanic/Latino	

13. What is your primary language? \_\_\_\_\_  
 Do you speak any other language(s) in addition to your primary language?  Yes  No  
 If "YES", what other language(s) do you speak? \_\_\_\_\_

14. Gender  Female  Male



**15. EDUCATIONAL BACKGROUND** *(Required: Please check all that apply):*

- Oregon Registry Step: \_\_\_\_\_
- Less than a high school diploma
- High school diploma Year: \_\_\_\_\_
- General Educational Development (GED) Year: \_\_\_\_\_
- Child Development Associate (CDA) Year: \_\_\_\_\_
- Certificate from college, school or professional association, in: \_\_\_\_\_ Year: \_\_\_\_\_
- AA, AS, AAS or other 2-year college degree in: \_\_\_\_\_ Year: \_\_\_\_\_
- BA, BS or other 4-year college degree in: \_\_\_\_\_ Year: \_\_\_\_\_
- MA, MS, Med or other Master's degree in: \_\_\_\_\_ Year: \_\_\_\_\_
- PhD, EdD or other doctoral degree in: \_\_\_\_\_ Year: \_\_\_\_\_
- Other – Please specify degree and field of study: \_\_\_\_\_ Year: \_\_\_\_\_

**16. CONFIDENTIALITY**

- The Oregon Center for Career Development in Childhood Care and Education (OCCD) **will not**, under any circumstances, release the following individual information as public information: Ethnicity, Gender, Full Social Security Number.
- OCCD may share necessary individual information with the Department of Human Services (DHS) for the specific purpose of operating the Enhanced Rate Program (ERP).
- OCCD may grant access to individual directory information (i.e. name, address, county, phone, email) as public information to screened and appropriate professional partners in the field of childhood care and education.
- OCCD may grant access to individual program status information (i.e. Oregon Registry Program Step, pathway, degree, credential, certificate; and Oregon Registry Trainer Program Certification type, training counties, training languages, training sessions) as public information to screened and appropriate professional partners in the field of childhood care and education.
- If you DO NOT want to have your individual directory information or individual program status information release for these purposes, then you must notify OCCD in writing.
- You may request that OCCD grant additional access to your individual application or participation details for the Oregon Registry, Oregon Registry Trainer Program, or John and Betty Gray Scholarship Program. You may wish to grant this access for specific individuals such as your mentor, your supervisor, or others. You may wish them to have access to such things as the status of your application (i.e. reviewed, tabled, denied, approved), details regarding your training and education, steps you may need to take to receive approval, etc. If you wish others to have access to this individual application or participation status information, then you must notify OCCD in writing.

**17. ACCOUNTABILITY STATEMENT** *(Signature required)*

I have reviewed the information I have provided to the Oregon Center for Career Development in Childhood Care and Education (OCCD), and attest that, to the best of my knowledge, it is true and accurate. I agree to notify OCCD of any updates or changes to my information as they occur (e.g. change of address, name change, etc.).

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date signed*

\_\_\_\_\_  
*Printed Name*

**Thank you.** Your enrollment form is now complete. Please send your completed form to:

**Portland State University – OCCD  
PO Box 751  
Portland OR 97207-0751**

...and you will be enrolled in the Oregon Registry as an active professional in the field of childhood care and education.

Visit our website ([www.centerline.pdx.edu](http://www.centerline.pdx.edu)), or call us toll free at 1-877-725-8535 for more information about the Oregon Registry, the Oregon Registry Trainer Program, Sponsoring organizations, or the Statewide John and Betty Gray Scholarship Program.



## OREGON REGISTRY SECONDARY STANDARDIZED TRAINER APPLICATION

1. Name: \_\_\_\_\_  
*Last* *First* *Middle*
2. I am applying to be a trainer for the following curriculum: (please check one)  
 Building Blocks of Social and Emotional Development  
 Child Care Health and Safety
3. I am already:  
 a certified Community Trainer  
 a certified Master Trainer
4. **GEOGRAPHIC AVAILABILITY.** Which counties are you willing and able to train in?
- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> All counties/statewide |                                     |                                     |
| <input type="checkbox"/> Baker                  | <input type="checkbox"/> Harney     | <input type="checkbox"/> Morrow     |
| <input type="checkbox"/> Benton                 | <input type="checkbox"/> Hood River | <input type="checkbox"/> Multnomah  |
| <input type="checkbox"/> Clackamas              | <input type="checkbox"/> Jackson    | <input type="checkbox"/> Polk       |
| <input type="checkbox"/> Clatsop                | <input type="checkbox"/> Jefferson  | <input type="checkbox"/> Sherman    |
| <input type="checkbox"/> Columbia               | <input type="checkbox"/> Josephine  | <input type="checkbox"/> Tillamook  |
| <input type="checkbox"/> Coos                   | <input type="checkbox"/> Klamath    | <input type="checkbox"/> Umatilla   |
| <input type="checkbox"/> Crook                  | <input type="checkbox"/> Lake       | <input type="checkbox"/> Union      |
| <input type="checkbox"/> Curry                  | <input type="checkbox"/> Lane       | <input type="checkbox"/> Wallowa    |
| <input type="checkbox"/> Deschutes              | <input type="checkbox"/> Lincoln    | <input type="checkbox"/> Wasco      |
| <input type="checkbox"/> Douglas                | <input type="checkbox"/> Linn       | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Gilliam                | <input type="checkbox"/> Malheur    | <input type="checkbox"/> Wheeler    |
| <input type="checkbox"/> Grant                  | <input type="checkbox"/> Marion     | <input type="checkbox"/> Yamhill    |
5. I am willing and able to provide training in the following language(s):
- |                                  |                                  |                                       |
|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese   |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other: _____ |
6. **Commitment.** I understand that successful completion of this training allows me to be a trainer for the above named training sessions in the State of Oregon. Upon completion of the training of trainers, I agree to follow the standardized curriculum to provide this training.
- I further attest that I have read the NAEYC Code of Ethical Conduct and I commit myself to its ideals and principles as the core values of the childhood care and education profession. (Available at online at [www.naeyc.org/about/positions.asp](http://www.naeyc.org/about/positions.asp))

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date signed*



## OREGON REGISTRY SECONDARY STANDARDIZED TRAINER OPTIONS FORM

Applicant First & Last Name: \_\_\_\_\_

First, Check [✓] which Option (1, 2 or 3) you have chosen.

Second, Under the Option you chose, check that you have submitted documentation for ALL listed requirements.

**OPTION 1 for EXPERIENCE AS A TRAINER**

- I have 120 clock hours of work experience working with adults as learners.

**A N D**

- I have 120 hours of work experience **and/or** education in: Childhood Care & Education **and/or** this subject area\*

**OPTION 2 for EXPERIENCE IN THE FIELD**

- I have 3 years experience of at least .75 FTE in: Childhood Care and Education **and/or** in this subject area\*.

**A N D**

- I have 120 clock hours of education, Oregon Registry Step 7 or above, **or** CDA in: childhood care and education, **or** in this subject area\*, **or** working with adults as learners, **or any combination of the three.**

**< O R >**

- I have 3 years experience of at least .75 FTE working with adults as learners.

**A N D**

- I have at least 1 year work experience **or** 120 clock hours of formal/documented education in this subject area\* **and/or** Childhood Care and Education.

**OPTION 3 for FORMAL/DOCUMENTED EDUCATION IN THE FIELD**

- I have 240 clock hours of formal/documented education, Oregon Registry Step 8 or above, **or** 1 year certificate in Childhood Care and Education **and/or** in this subject area\*.

**A N D**

- I have at least 1 year work experience in: Childhood Care and Education, **or** this subject area\*, **or** working with adults as learners, **or any combination of the three.**

**< O R >**

- I have 240 clock hours of formal/documented education, Oregon Registry Step 8 or above, or 1 year certificate in working with adults as learners (adult development and education).

**A N D**

- I have at least 1 year work experience **and/or** 120 clock hours of formal/documented education in this subject area\* **and/or** Childhood Care and Education.

*\*Subject Area: For Child Care Health and Safety: Health, Safety & Nutrition;  
For Building Blocks of Social and Emotional Development: Human Growth and Development, Learning Environments and Curriculum, Understanding & Guiding Behavior, Observation & Assessment*



## EMPLOYER/SUPERVISOR VERIFICATION INSTRUCTIONS

This applicant is applying to become an Oregon Registry Secondary Trainer for:

Building Blocks of Social and Emotional Development Training Sessions

**OR**

Child Care Health and Safety Training Sessions

If approved, the applicant will provide training and education to childhood care and education professionals in Oregon.

If you currently employ the applicant as a trainer, or in a position that includes responsibilities as a trainer, s/he can be approved through this alternative documentation process. This process is based upon verification by you, the employer/supervisor, of the applicant's qualifications (such positions could be as a community college or university instructor, adjunct faculty, child care resource and referral trainer, Head Start trainer, corporate child care trainer, etc.). You will also be verifying that you have documentation of the applicant's qualifications on file.

There are three options by which an applicant may be approved through the process. An applicant **ONLY** needs to meet **ONE** option to be approved.

**Option 1:** Experience as a Trainer

**Option 2:** Experience in the Field

**Option 3:** Formal/Documented Education in the Field

### COMPLETING THE EMPLOYER/SUPERVISOR VERIFICATION FORM

- 1) Please write the applicant's name in the space provided on the form.
- 2) Please review the applicant's Trainer Qualification Form to verify its accuracy.
- 3) On #1 of the Employer/Supervisor Verification Form, please check the box for the option for which you have, or have seen, verifiable documentation, and to which you can attest.
- 4) Complete # 2-6 and sign the Employer/Supervisor Verification Form.
- 5) Fill in your contact information, sign and date the form.
- 6) Return the form to the applicant.

If you need any additional information to complete the Employer/Supervisor Verification Form, please contact Beverly Briggs, Training & Education Coordinator, at the Oregon Center for Career Development in Childhood Care and Education (503-725-8275 or [babriggs@pdx.edu](mailto:babriggs@pdx.edu)).



