COMMUNITY TRAINER or MASTER TRAINER PROCESS
Oregon Registry Secondary Standardized Trainer Instructions

PLEASE NOTE: *This application process is available only for trainers who are already certified Oregon Registry Community Trainers or Oregon Registry Master Trainers.*

Complete the following Steps:

1) **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.*

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 or Child Care Health and Safety.

3) Send in your application packet, including:
   - Oregon Registry Trainer Program Enrollment Form
   - **Secondary Standardized Trainer** Application Form
   - **Starting Points** Trainer Agreement

4) 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
❑ Certified Family Child Care
❑ Exempt Family Child Care
❑ Licensed Center-Based Child Care Program Staff
❑ Exempt Center-Based Child Care or Preschool Staff
❑ 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):*

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

❑ White/non-Hispanic/non-Latino
❑ White/Hispanic/Latino
❑ Black/non-Hispanic/non-Latino
❑ Black/Hispanic/Latino
❑ American Indian/Alaskan Native
❑ Asian/Pacific Islander
❑ Other: _____

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), 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?
   - ❑ All counties/statewide

❑ Baker	❑ Harney	❑ Morrow
❑ Benton	❑ Hood River	❑ Multnomah
❑ Clackamas	❑ Jackson	❑ Polk
❑ Clatsop	❑ Jefferson	❑ Sherman
❑ Columbia	❑ Josephine	❑ Tillamook
❑ Coos	❑ Klamath	❑ Umatilla
❑ Crook	❑ Lake	❑ Union
❑ Curry	❑ Lane	❑ Wallowa
❑ Deschutes	❑ Lincoln	❑ Wasco
❑ Douglas	❑ Linn	❑ Washington
❑ Gilliam	❑ Malheur	❑ Wheeler
❑ Grant	❑ Marion	❑ Yamhill

5. I am willing and able to provide training in the following language(s):

❑ English	❑ Russian	❑ Vietnamese
❑ Chinese	❑ Spanish	❑ 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)

_____ _____
Applicant Signature *Date signed*