

The Oklahoma Registry:

- ★ Oklahoma Director's Credential
- ★ Early Care & Education Professional Development Ladder



Participant Application



REWARD Oklahoma
Salary Supplement Program

Instructions for Applying to the *The Oklahoma Registry*

Oklahoma Director's Credential (ODC)

If you are the director of a child care center licensed by the Oklahoma Department of Human Services, you are required to have a current Oklahoma Director's Credential (ODC) to be in compliance with *Licensing Requirements for Child Care Centers*. Assistant Directors, potential directors and other early childhood professionals may also wish to obtain a credential. To apply for the ODC:

- Complete **Sections 1 through 8**.
Mail your **completed, signed application** to CECPD and enclose:
- Application fee:** \$25 non-refundable check or money order made payable to the "University of Oklahoma"
- Copies of current certifications and/or credentials
- Training certificates for Tier I and Tier II training hours in **Early Childhood Education/Child Development** completed **within the last 5 years**
- Training certificates for Tier I and Tier II training hours in **Administration/Management** completed **within the last 5 years**
- Official** college and/or university transcripts, if applicable (all degrees and credit hours must be earned at an accredited college or university recognized by the U.S. Department of Education)



Early Care & Education (ECE) Professional Development Ladder (PDL)

As a teacher or family child care home provider, you can track your professional development through *The Oklahoma Registry's* Professional Development Ladder (PDL). If you are at Level 3 or above, you may also be eligible for a salary supplement ranging from \$400 to \$2000 per year through *REWARD Oklahoma* (p. 8). To apply for the PDL:

- Complete **Sections 1 through 6 and read and sign Section 8**.
Mail your **completed, signed application** to CECPD and enclose:
- Application fee:** \$10 non-refundable check or money order made payable to the "University of Oklahoma"
- Copies of current certifications and/or credentials
- Training certificates for Tier I and Tier II training hours in **Early Childhood Education/Child Development** completed **within the last 5 years**
- Official** college and/or university transcripts, if applicable (all degrees and credit hours must be earned at an accredited college or university recognized by the U.S. Department of Education)

Renewals

- If **renewing** your Professional Development Ladder or Oklahoma Director's Credential, you do not need to send in training certificates or transcripts previously submitted (unless we do not have your official transcript on file).
- Renewing the **Professional Development Ladder** requires an additional **20 hours of Tier I or higher training in the past 12 months**.
- Renewing the **Oklahoma Director's Credential** requires an additional **60 hours of Tier I or higher training** after the initial 3-year credential (20 hours per year).
- Renewal application fees apply:** \$10 for the Professional Development Ladder; \$25 for the Oklahoma Director's Credential.

Applying for **REWARD Oklahoma**

If you make less than \$15.50 an hour **AND** participate in the *The Oklahoma Registry*, **You may be eligible for a salary supplement ranging from \$400 to \$2000 per year.**

For more information, or to apply for *REWARD Oklahoma*, go to page 8.



Section 1: I am applying for (check all that apply):

Oklahoma Director's Credential (ODC) (Check/money order for \$25 enclosed)

Check here if ODC RENEWAL (\$25 fee applies)

Early Care & Education Professional Development Ladder (PDL) (Check /money order for \$10 enclosed)

Check here if PDL RENEWAL (\$10 fee applies)

REWARD Oklahoma (no application fee)

Note: If you are currently active on REWARD Oklahoma, you do not need to reapply.

Section 2: Tell Us About Yourself

Full Legal Name (as it appears on your Social Security Card)

First: _____ Middle: _____ Last: _____

Other names under which you have worked: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Date of Birth: _____

OK Driver's License # / State I.D. #: _____ Social Security #: _____

Home Phone: (____) _____ E-mail Address: _____

Section 3: Tell Us About Your Current Employer

A. Center/Home/Agency Information

Program/Agency Name: _____

OKDHS License #: K8 _____ Reaching for the Stars Level: _____ Licensed Capacity: _____

OKDHS (or Tribal) Subsidy Contract # (REWARD Oklahoma only): _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ Fax #: (____) _____

B. Accreditation

Is your center/home accredited?

Yes

No

If YES, please enclose a copy of the accreditation certificate.

My center is accredited by:

Association of Christian Schools International

Council on Accreditation (COA)

National Accreditation Commission for Early Care and Education Programs (NACCP)

National Afterschool Association (NAA)

National Association for the Education of Young Children (NAEYC)

National Association for Family Child Care (homes only) (NAFCC)

National Early Childhood Program Accreditation (NECPA)

Section 4: Tell Us About Your Professional Early Childhood Experience

A. Position Title Codes (to be used in Parts B and C)

1. Family Child Care Home Provider
2. Family Child Care Home Assistant
3. Master Teacher
4. Teacher
5. Assistant Teacher
6. Owner/Teacher
7. Director
8. Assistant Director
9. Owner/Director
10. Early Care and Education Agency Professional
11. Early Care and Education Consultant

B. Current Position Information

Position Title Code: _____
(Select from list in Part A)

Average hours per week: _____

Start Date: _____ / _____ / _____



C. All Previous and Verifiable Early Childhood Experience (Direct and Indirect)

Name of Employer (begin with your most recent position)	City	State	Position Title Code (see list above)	Average Hours Per Week	Reason for Leaving Code (see list below)	Dates of Employment	
						Start mo/day/yr	End mo/day/yr
1. Phone: ()							
2. Phone: ()							
3. Phone: ()							
4. Phone: ()							
5. Phone: ()							
If meeting experience requirement through supervised lab or internship, please provide course title and semester taken (below). You will need to submit an official transcript for verification.							
Supervised Lab / Internship COURSE TITLE			Semester Taken (Fall, Spring, Summer)			Year	

Reason for Leaving (applies to all previous positions)

- | | | |
|---------------------------|---|-----------------------------------|
| 1. Low pay | 5. Not enough materials and/or equipment | 9. Lack of respect |
| 2. Minimal or no benefits | 6. Not enough educational/training opportunities | 10. Long work hours |
| 3. Class size too large | 7. Not enough help for working with children with challenging behaviors | 11. No built in time for planning |
| 4. High adult/child ratio | 8. Not enough help for working with children with disabilities | 12. High work related stress |
| | | 12. Other: _____ |

** Make a copy of this page if more space is needed to report previous experience.*

NAME: _____ SSN: _____



Section 5: Tell Us About Your Education and Training

INSTRUCTIONS:

- Answer the questions below and enclose copies of cards, certificates and/or official transcripts to document items 2 - 4.

1. Tell us when you graduated high school or passed your General Educational Development test (GED):

- Graduated Date: _____
 GED Date Received: _____
 No high school diploma or GED

2. What CURRENT certifications do you hold? (Check all that apply and attach copies of cards for verification.)

- | | Issued | Expires |
|--|--------|---------|
| <input type="checkbox"/> First Aid | _____ | _____ |
| <input type="checkbox"/> Rescue Breathing | _____ | _____ |
| <input type="checkbox"/> Heimlich Maneuver | _____ | _____ |
| <input type="checkbox"/> Infant/Child CPR | _____ | _____ |

3. What CURRENT credentials or certificates do you hold? (Check all that apply and attach copies of credential certificate/s.)

- Child Development Associate (CDA)
 Expiration Date: _____
 Certified Child Care Professional (CCP)
 Expiration Date: _____
 Oklahoma Competency Certificate in Early Care & Education
 National Administrator Credential (NAC)
 Director's Advanced Training (DAT)
 Other, please specify: _____

4. Are you enclosing training certificates in addition to the ones checked above?

- Yes No

5. Tell us about your college/university education. (Check all that apply, give the year completed and provide OFFICIAL transcripts for documentation.)

- | | Year |
|--|-------|
| <input type="checkbox"/> Doctorate in Early Childhood Education/Child Development | _____ |
| <input type="checkbox"/> Doctorate in Another Field
Major: _____ | _____ |
| <input type="checkbox"/> MA/MS Early Childhood Education/Child Development | _____ |
| <input type="checkbox"/> MA/MS in Another Field
Major: _____ | _____ |
| <input type="checkbox"/> BA/BS Early Childhood Education/Child Development | _____ |
| <input type="checkbox"/> BA/BS in Another Field
Major: _____ | _____ |
| <input type="checkbox"/> AA/AS Early Childhood Education/Child Development | _____ |
| <input type="checkbox"/> AA/AS in Another Field
Major: _____ | _____ |
| <input type="checkbox"/> Oklahoma Certificate of Mastery (COM) _____ | _____ |
| <input type="checkbox"/> I have not yet completed my degree or COM, but I have earned college credit and my official transcript(s) are
<input type="checkbox"/> enclosed, or
<input type="checkbox"/> already on file with the Registry. | |
| My major is: _____ | |

NOTE: All credit hours must be earned at an accredited college or university recognized by the U.S. Department of Education.

Section 6: Help Us Track Our Workforce (Optional)

This information will help us serve you and will be kept confidential.

Gender:

- Female
 Male
 I do not wish to share this information.

Ethnicity

- American Indian (tribe): _____
 Asian American/Pacific Islander
 Black/African American
 Hispanic American/Latino/Latina
 White/Caucasian
 Biracial
 Other: _____
 I do not wish to share this information.

Annual Income Current Position

- \$10,000 or less
 \$10,001 to \$11,999
 \$12,000 to \$13,999
 \$14,000 to \$15,999
 \$16,000 to \$17,999
 \$18,000 to \$19,999
 \$20,000 to \$30,000
 More than \$30,000
 I do not wish to share this information.



Section 7: Tell Us About Your Professional Contributions



INSTRUCTIONS:

- Complete this section **ONLY** if applying for Oklahoma Director's Credential.
- Please submit only those activities completed in the past 12 months.

Points are given for contributions you have made in the field of early care and education.	Specific Information—Include Dates (Required)	Points Requested
1. CURRENT member of early care and education professional development organization (for example, ECAO, NAEYC, SECA, OCCA, NCCA) (1 point each)		
2. Presenter of an early care and education workshop—non-credit, conference or at place of employment (1 point each)	Include Training Topic(s) and Date(s)	
3. Trainer for Resource and Referral Agencies, Child Care Careers, Head Start (1 point each)		
4. Provider of a community presentation on early care and education issues, (example: facilitating a community meeting on early care and education issues, giving a talk to service organizations, presenting at Week of the Young Child activities) (1 point each)	Include Training Topic(s) and Date(s)	
5. Contributor to a local or state newsletter (for ECAO local chapter or OCCA, for example) (1 point)		
6. Committee member for an early care and education professional organization or conference planning group (Better Baby Care, OCCA, ECAO, ECAO local chapter, etc.) (1 point each)		
7. Leadership position at local level—officer, committee member, elected board member (church, PTA, Smart Start Oklahoma, etc.) (2 points each)		
8. CURRENT member of the Oklahoma Training Approval System as a Consultant/Educator (2 points)		
9. NAEYC Validator, NECPA Evaluator, NAA Endorser, NAFCC Observer, COA Peer Reviewer, CDA Rep, CDA Advisor, CCP Field Counselor (2 points each)		
10. Head Start Peer Review team member (3 points)		
11. Staff member of an accredited center, home or program (enclose copy of accreditation certificate) (3 points)		
12. Board member of a statewide or national professional organization including state level advisory boards and committee chair position (for ECAO, NCCA, OCCA, Child Care Advisory Committee, etc.) (4 points each)		

Section 8: *The Oklahoma Registry* Participant Agreement

The Oklahoma Registry Signed Acknowledgement

I certify that all information provided and/or attached to my application is true and correct. I do hereby indemnify the Board of Regents of the University of Oklahoma, its Regents, employees and agents against any claims whatsoever arising out of or connected with the information and/or any subsequent professional placement. I understand that the Center for Early Childhood Professional Development (CECPD) is a public entity and will protect the confidentiality of personal information to the extent permitted under state and federal law.

I agree that the information provided in this contract is accurate, and if falsified can result in permanent removal from the *The Oklahoma Registry* program.

I voluntarily agree to participate in *The Oklahoma Registry* program. I understand that this program is being administered by the University of Oklahoma Center for Early Childhood Professional Development (CECPD) on behalf of the Oklahoma Department of Human Services (OKDHS). I grant permission for CECPD to receive my educational information including but not limited to certifications, diplomas, and training records (information), and I expressly consent to CECPD sharing my information as needed with OKDHS.

I further recognize that my continuing membership with the *The Oklahoma Registry* program is on a renewal basis. I am responsible for all initial and renewal fees as stated on the application. I will submit all information requested within the application or renewal period. Should further clarification of the submitted documentation be necessary, I will cooperate fully with the staff of the *The Oklahoma Registry* and submit this requested information within 30 (thirty) days of the written request.

Applicant's PRINTED NAME

Applicant's Signature

Date

You have completed the *The Oklahoma Registry* portion of the application.

➡ If you are **also** applying for **REWARD Oklahoma**, go to the **next page**.

~ **OR** ~

➡ If you are ready to send in your *The Oklahoma Registry* application, go to the **back page** for some additional questions and mailing instructions.



REWARD Oklahoma

If you and your facility meet the following requirements, you may be eligible for a **salary supplement ranging from \$400 to \$2000 per year**. If you are currently active on *REWARD Oklahoma*, you do not need to reapply to *REWARD*.

Can I Participate in Reward Oklahoma?

You must be able to check YES TO ALL questions for your FACILITY and YOUR POSITION in order to qualify.

Does Your Facility Have:

- A current OKDHS license?
- A Reaching for the Stars rating higher than One Star?
- A current OKDHS subsidy contract number or tribal subsidy contract number?
- At least 10% of the licensed capacity filled with children receiving subsidy?
- A current signed Facility Agreement on file?

(Facility Agreements are available by visiting our website at www.cecpcd.org or contacting us at 405-799-6383 or 1-888-446-7608. Facility Agreements may be mailed separately.)



If you are a Teacher or Family Child Care Home Provider, do you:

- Work in an OKDHS licensed early care and education facility?
- Have a current Oklahoma Registry Professional Development Ladder certificate, Level 3 or above?
- Earn \$15.50 or less per hour?
- Work a minimum of 30 hours per week in the classroom with children?

If you are a Director or Assistant Director, do you:

- Work in an OKDHS licensed early care and education facility?
- Have a current Gold or Silver Oklahoma Director's Credential?
- Earn \$15.50 or less per hour?
- Work a minimum of 30 hours per week in the facility performing administrative duties?

How to Apply

STEPS TO FILLING OUT YOUR APPLICATION

If you checked **YES** to all of the questions above for your facility and your current position, it will take you just a few minutes to complete your **REWARD Oklahoma** application!

1. Complete Sections 1, 2 and 3 of this application, if you have not already.
2. Complete Section 9 and collect the documentation listed to enclose with your application.
3. Print and sign your name on the Participant Agreement, Section 10.
4. Have your owner, director or other authorized person complete Section 11, the Initial Employment Verification.
5. Review the Final Mailing Checklist on the back page and mail your application to the address listed.

Section 9: REWARD Oklahoma Checklist

INSTRUCTIONS:

- Please fill in the four blanks at the top and check the box(es) indicating age group of children. Please write clearly.
- Be sure to include the requested documents with your application. *REWARD Oklahoma* staff cannot process your application until all required documents are received.

Name: _____ Social Security Number: _____ - _____ - _____
(as it appears on your social security card)

Average hours per week: _____ Start Date (at current location): _____ / _____ / _____

Complete **ONLY the checklist for your CURRENT position.**

Teacher

- I am employed by my early care and education facility. I do not own any facility.
- I have enclosed my **MOST RECENT PAY STUB** (indicating gross salary and at least 30 hours a week worked).
- I have enclosed a **CURRENT W-9 TAX FORM**, which has my name as it appears on my Social Security Card.
- I have a current *Oklahoma Registry* Early Care & Education Professional Development Ladder of Level 3 or above, which expires: _____ . OR
- My Professional Development Ladder application is enclosed.

Director/Assistant Director

- I am employed by my early care and education facility. I do not own any facility.
- I have enclosed my **MOST RECENT PAY STUB** (indicating gross salary and at least 30 hours a week worked).
- I have enclosed a **CURRENT W-9 TAX FORM**, which has my name as it appears on my Social Security Card.
- I have a current Silver or Gold Oklahoma Director's Credential from the Oklahoma Registry, which expires: _____ . OR
- My Oklahoma Director's Credential application is enclosed.

Family Child Care Home Provider

- I have a child care home and work as teacher/operator. I do not own any other child care home or facility.
- I have enclosed my signed **FAMILY CHILD CARE PROVIDER INCOME STATEMENT**.
- I have enclosed my signed **FACILITY AGREEMENT**.
- I have enclosed a **CURRENT W-9 TAX FORM**, which has my name as it appears on my Social Security Card.
- I have a current Oklahoma Registry Early Care & Education Professional Development Ladder of Level 3 or above, which expires: _____ . OR
- My Professional Development Ladder application is enclosed

Owner

- I own my early care and education facility and work as director/teacher.
- I have enclosed my **MOST RECENT TAX FORMS**, including:
 - Most recent 1040 Tax Form (including supporting schedules showing additional income)
 - W2 Forms (if you file jointly, the W2 Forms from both parties must be submitted)
 - Schedule C forms (profit and loss forms)
 - Schedule E forms with Schedule K-1
- Current W-9 tax form

If a Director:

- I have a current Silver or Gold Oklahoma Director's Credential from *The Oklahoma Registry*, which expires: _____ . OR
- My Oklahoma Director's Credential application is enclosed.

If a Teacher:

- I have a current *Oklahoma Registry* Early Care & Education Professional Development Ladder of Level 3 or above, which expires: _____ . OR
- My Professional Development Ladder application is enclosed



Section 10: REWARD Oklahoma Participant Agreement

INSTRUCTIONS:

- Please read the agreement below, print your name and sign and date the agreement on the lines provided.

This document is an agreement between the participant and the *Center for Early Childhood Professional Development*. The participant must read the following statements and sign that he/she understands the agreement. Please note that the *Center for Early Childhood Professional Development* reserves the right to modify the terms of this agreement.

Participant agrees to:

- I. Acknowledge that receiving the full annual supplement is contingent upon completion of two six-month periods. An installment will be issued after each period, based on the ***The Oklahoma Registry*** level and work schedule of the participant over the six-month period completed. No portion of the award will be issued if the participant leaves his/her program prior to the completion of the entire six-month period. ***Leave time or summer breaks cannot be counted toward the completion of a commitment period.***
- II. Notify CECPD/REWARD Oklahoma regarding any changes to the following: employment status, level of education, position in facility, salary or hourly rate and the number of hours worked each week.
- III. Acknowledge that the supplements for this program are provided through the Oklahoma Department of Human Services, Oklahoma Child Care Services and that payment will depend on available funding. The participant's employer is not responsible for providing the supplement should funding no longer be available.
- IV. Report and pay any personal income taxes due on annual supplements as required by current tax law and to keep an updated W-9 on file with CECPD.
- V. Acknowledge that *REWARD Oklahoma* reserves the right to adjust commitment periods based on administration and/or fiscal needs.
- VI. Voluntarily participate in the *REWARD Oklahoma* program. I understand that this program is being administered by the University of Oklahoma Center for Early Childhood Professional Development (CECPD) on behalf of the Oklahoma Department of Human Services (OKDHS). I grant permission for CECPD to receive my educational information including but not limited to certifications, diplomas, and training records (information), and I expressly consent to CECPD sharing my information as needed with OKDHS.
- VII. Agree that the information provided in this contract is accurate, and if falsified can cause permanent removal from the *REWARD Oklahoma* program. In addition to being permanently removed from the program, the participant will be required to pay back his/her entire supplement to *REWARD Oklahoma*.

Center for Early Childhood Professional Development agrees to:

- I. Award annual salary supplements twice a year as long as participants continue to meet the eligibility requirements and if funding is still available.
- II. Provide IRS-1099 forms at the end of the year to participant as mandated by current tax law.

Statement of Affirmation:

I, _____, attest that the information appearing on this
Applicant's PRINTED NAME
application and the supporting documentation is true to the best of my knowledge. I also have read and understand the above agreement.

Applicant's Signature

Date



Section 11: Initial Employment Verification

INSTRUCTIONS:

- The information on this page **MUST** be completed by the owner, director or person authorized to provide employment verification.

Name of Authorized Person: _____

Title of Authorized Person: _____

Name of Director if different than authorized person: _____

Director Phone #: () _____ Director Email: _____

Name of Alternate Authorized Person: _____

Title of Alternate Authorized Person: _____

Name of Facility: _____

Facility Phone #: () _____ Fax #: () _____

Facility Address: _____

Street

City

State

Zip Code

OKDHS License #: K8 _____ Subsidy Contract Number: _____

Name of Applicant: _____

Start Date of Applicant (at this location): _____

Age Group Applicant works with (Check all that apply):

- Infants Ones Twos Threes Fours & Fives School-Age Not assigned to work directly with children

Applicant's Employment Position (check all that apply):

- Teacher Family Child Care Provider
- Assistant Teacher Owner/Director
- Director Owner/Teacher
- Assistant Director Other, please specify: _____

(spell out title)

How many hours does the applicant work each week: _____

(Please specify number of hours applicant works in **each** role, if applicable.)

Current hourly rate of applicant: \$ _____

How often are the employees paid? _____

I am authorized to provide employment verification; the information provided on this form is true and accurate to the best of my knowledge. I acknowledge that I will be contacted to verify each six-month commitment period that the applicant completes.

Signature of Authorized Person

Date



You have completed the REWARD Oklahoma portion of the application.

➔ If you are ready to send in your application, **go to the back page** for some additional questions and mailing instructions.

How did you hear about the *The Oklahoma Registry* and/or **REWARD Oklahoma**?

- Newsletter (specify): _____
- Web site _____
- Flyer _____
- At a training (specify) _____
- Licensing Specialist _____
- Stars Outreach Coordinator _____
- Scholar Coordinator _____
- Resource & Referral Agency _____
- Environment Rating Scale Assessor _____
- Professional Organization (specify) _____
- My Center Director _____
- Co-Worker _____
- Other _____

Would you be interested in receiving e-mail updates about the *The Oklahoma Registry* and **REWARD Oklahoma**?

- Yes No Send to this e-mail address: _____

Final Checklist Before Mailing:

The Oklahoma Registry (Oklahoma Director's Credential or Professional Development Ladder):

- Review the checklists on page 2 to be sure you have completed all of the required steps.
- Make sure you have signed and dated your Participant Agreement (p. 7).
- Enclose all of the required documents.
- Don't forget your check or money order!**

REWARD Oklahoma

- Review the checklists on page 9 to be sure you have completed all of the required steps for your current position.
- Make sure you have signed and dated your Participant Agreement (p. 10).
- Make sure the authorized person has signed and dated the Initial Employment Verification (p. 11).
- Enclose all of the required documents.



Send your completed application to:

The Oklahoma Registry / *REWARD Oklahoma*
Center for Early Childhood Professional Development
1801 North Moore Avenue
Moore, OK 73160-3668



For more information contact:

Center for Early Childhood Professional Development
switchboard: (405) 799-6383 • toll-free: 1-888-446-7608
fax: (405) 799-7634 • www.cecpd.org

