



# Oklahoma Registry Application

The University of Oklahoma, College of Continuing Education  
 Center for Early Childhood Professional Development  
 1801 N. Moore Avenue, Moore, Oklahoma 73160  
 (405) 799-6383 or (888) 446-7608

\*\*Please print all information requested\*\*

## ◆ Personal Information:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone: (      ) \_\_\_\_\_ Work Phone: (      ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number: (      ) \_\_\_\_\_

## ◆ Employment Information:

- Not assigned to work directly with children
- I work with:** (Check the age group(s) that best describes the age of children you work with.)
- Infants (0–12 months)
- Toddlers (13 months to 35 months)
- Preschool (3 to 5 Years)
- School-Age (6+ years)
- Children with Diagnosed Special Needs (check if this applies)

### Current position title (check one):

- Family Child Care Home Provider
- Family Child Care Home Assistant
- Assistant Teacher
- Teacher
- Master Teacher
- Director
- Owner
- Head Start Coordinator
- Early Care and Education Agency Professional
- Early Care and Education Consultant

### Employment Status: (Check One)

- Part-Time (Less than 30 Hours Per Week)
- Full-Time (30 or More Hours Per Week)

### Mail my Oklahoma Registry Certificate to:

- Home
- Work

◆ **Program/Home or Agency Information:** (As it reads on your state license.)

Program/Agency Name: \_\_\_\_\_ K8 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Licensed Capacity: \_\_\_\_\_ License Issue Date: \_\_\_\_\_

**Type of Program:**

- Child Care Center/Full Day Program                       Family Child Care Home (Seven or fewer children)  
 Children's Part Day Program     Head Start Program  
 School-Age Program (not affiliated with a child care center)                       Early Care and Education Agency/Other  
 Large Family Child Care Home

**The center/home or program is a:**     One Star     One Star Plus     Two Star     Three Star

**Is the Program/Home Accredited?** (Check one)     Yes     No

**If yes, name of accrediting agency?**

\_\_\_\_\_

(Enclose a copy of the accreditation certificate.)

◆ **Work Experience:** (Include current position.)

<i>Title</i>	<i>From (date)</i>	<i>To (date)</i>
Family Child Care Provider		
Family Child Care Home Assistant		
Assistant Teacher		
Teacher		
Master Teacher		
Assistant Director		
Director		
School-Age Program		
Early Care and Education Agency		
Head Start Program		
Other (please specify) (i.e., Administrative Supervised Lab or Internship; Early Care and Education Consultant; Supervised Lab or Internship)		

◆ **Education and Training Information:** (Attach documentation for all requested areas.)

**High School:**

- Graduate Date Graduated \_\_\_\_\_  
 GED Date Received \_\_\_\_\_

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

- First Aid  
 Rescue Breathing  
 Heimlich Maneuver  
 Infant/Child CPR  
 Certified Child and Parenting Assistant  
 Certified Child and Parenting Practitioner  
 Certified Child and Parenting Specialist

**Education Level/Tier III Training Hours**

**Received:** (If you have not completed your degree or credential, list total credit or clock hours taken.)

	Credit or Formal Hours Attained	Year Degree or Credential was Awarded
<input type="checkbox"/> MA/MS Early Childhood Ed/Child Development	_____	_____
<input type="checkbox"/> MA/MS Other	_____	_____
<input type="checkbox"/> BA/BS Early Childhood Ed/Child Development	_____	_____
<input type="checkbox"/> BA/BS Other	_____	_____
<input type="checkbox"/> AA/AS Early Childhood Ed/Child Development	_____	_____
<input type="checkbox"/> AA/AS Other	_____	_____

Credit or Formal Hours Attained      Year Degree or Credential was Awarded

- Oklahoma Certificate of Mastery** \_\_\_\_\_
- Child Development Associate Credential (CDA)** \_\_\_\_\_
- Certified Child Care Professional (CCP)** \_\_\_\_\_
- Oklahoma Competency Certificate in Occupational Child Care \_\_\_\_\_
- NAC - National Administrator Credential \_\_\_\_\_
- DAT - Director's Advanced Training \_\_\_\_\_
- Other \_\_\_\_\_

**Optional Information:** (This information is for data collection and statistical purposes only and will be kept confidential. This information will allow us to better serve the early care and education community.)

**Gender:**

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

**Annual Income In Your Current Position: (Optional)**

- \$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.

**Ethnicity:**

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

**◆ Professional Contributions:** (Please complete only those areas that you have obtained in the past twelve (12) months.)

Points are given for contributions you have made in the field of early care and education. Recognition will be given for each 5 point accumulation.	Specifics—Include Dates	Points Requested
1. Current member of at least one early care and education professional organization. (i.e. ECAO, NAEYC, SECA, FOEE, OCCA, NCCA) <b>(1 pt.)</b>		
2. Presenter of an early care and education workshop—non-credit, conference, or at a place of employment <b>(1 pt.)</b>		
3. Trainer for Resource and Referral Agencies, Child Care Careers, Head Start <b>(1pt.)</b>		
4. Provider of a community presentation on early care and education issues, (i.e., facilitating a community meeting on early care and education issues, giving a talk to service organizations, Week of the Young Child activities) <b>(1pt.)</b>		
5. Contributor to a local or state newsletter (i.e. ECAO, OCCA, ECAO Local Chapter) <b>(1 pt.)</b>		
6. Committee member for an early care and education professional organization or conference (i.e. Better Baby Care, OCCA, ECAO, ECAO Local Chapter) <b>(1 pt.)</b>		
7. Leadership position at local level—officer, committee member, elected board member. (i.e. Church, PTA, Success by 6) <b>(2 pts.)</b>		
8. Current member of the <b><i>Oklahoma Training Approval System</i></b> Consultant/Educator database <b>(2 pts.)</b>		
9. NAEYC Validator, NECPA Evaluator, NSACA Endorser, NAFCC Observer, COA Peer Reviewer COA Rep, COA Advisor, CCP Field Counselor. <b>(2 pts.)</b>		
10. Head Start Peer Review Team Member <b>(3 pts.)</b>		
11. Staff member <b>of an accredited center, home or program (3 pts.)</b>		
12. Board member of a statewide or national professional organization including state level advisory boards and committee chair position. (i.e. ECAO, NCCA, OCCA, Child Care Advisory Committee.) <b>(4 pts.)</b>		

## ◆ 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 is a public entity and will protect the confidentiality of personal information provided to the extent permitted under state and federal law.

I further recognize that my membership on the **Oklahoma Registry's Professional Development Ladder** is on an annual renewal basis. I am responsible for all initial and renewal fees as stated on the application. I will submit all information as requested by the application or renewal period and should further clarification of the submitted documentation be necessary, I will cooperate fully with the staff of the **Oklahoma Registry** and submit this requested information within 30 (thirty) days of the written request.

Applicant's Signature

Date

Thank you for your application to the **Oklahoma Registry**. You will receive your certificate in six to eight weeks if all essential materials are included with your application. It will be mailed to your home address unless you indicate otherwise.

Yes, I am applying for The Oklahoma Director's Credential, which includes The Oklahoma Professional Development Ladder and I am including a \$25.00 check or money order payable to University of Oklahoma.

Or

Yes, I am applying for The Oklahoma Professional Development Ladder and I am including a \$10.00 check or money order payable to University of Oklahoma.

Or


Yes, I am renewing The Oklahoma Director's Credential, which includes The Oklahoma Professional Development Ladder and I am including a \$25.00 check or money order payable to University of Oklahoma.

Or

Yes, I am renewing The Oklahoma Professional Development Ladder and I am including a \$10.00 check or money order payable to University of Oklahoma.

**CENTER FOR EARLY CHILDHOOD  
PROFESSIONAL DEVELOPMENT**

College of Continuing Education  
The University of Oklahoma  
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