OREGON REGISTRY STEP APPLICATION

Section 1: Tell Us About Yourself

Last Name	First Name (legal name)	Middle Name

Gender ☐ Male ☐ Female	Date of Birth (mm/dd/yyyy)	Former Name(s)	My CBR Number

Physical Address (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	Work Phone Number	Fax Number	Email Address

Section 2: Help Us Learn How We Are Equitably Serving Our Workforce

Check below what racial/ethnic background best describes you:

☐ Hispanic/Latino/Spanish
☐ Asian
☐ American Indian/Alaskan Native
☐ Black or African American
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Unknown
☐ Decline to answer
☐ Other (please list):

1. What language do you speak most often at home?

2. Do you speak any language(s) in addition to your primary language? ☐ Yes ☐ No

   If yes, list any other language(s) that you speak fluently:

3. What language do you speak most often with the children with whom you work or volunteer?

Section 3: Help Us Collect Important Information About Our Workforce

Check below your position(s) and age-group(s) you work with:

Administrative Support
☐ Aide 1
☐ Aide 2 (Student Assistant)
Assistant 1
Assistant 2
Manager
Cook

Director
☐ Driver
Education Coordinator
Head Teacher
Health/Mental Health Worker
Teacher's Aide
☐ Teacher (Student Teacher)

Nanny
Multisite Coordinator
Provider
Substitute Provider
Volunteer
Other (please list):

☐ Adults
☐ School-Age
☐ Preschool
☐ Toddler
☐ Infant
☐ No-age group

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):

Section 4: Tell Us About Where You Work

Check below what best describes the facility you work or volunteer at:

- ☐ Unemployed
- ☐ Child care resource and referral
- ☐ After-school program
- ☐ EI/ECSE
- ☐ Head Start and/or OPK
- ☐ Health or mental health
- ☐ Healthy Start
- ☐ ODE/CACFP sponsor

- ☐ Child care center/Preschool
- ☐ Parent (e.g., employed as a nanny)
- ☐ Relief nursery
- ☐ School district
- ☐ Family child care provider (self-employed)
- ☐ State of Oregon Office of Child Care
- ☐ Other (please list):

- ☐ Certified Child Care Center
- ☐ Certified Family Child Care
- ☐ Registered Family Child Care
- ☐ License Exempt

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 5: (Optional) Show Your Commitment to Ethical Conduct (Listed on Your Step Certificate)

By **initialing** a code of ethical conduct, 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. You may use the National Association for the Education of Young Children (NAEYC) Code of Ethical Conduct or any other code of ethical conduct that relates to your role in the childhood care and education field.

NAEYC Code of Ethical Conduct (*www.naeyc.org*)

Other code of ethical conduct:

Reflective Overview Statement

If you are applying for a **Step 7.5 – 10 using community based training**, complete a Reflective Overview Statement by following these instructions:

On a separate piece of paper, in 500 words or more write about a community based training and how you were able to put what you learned into practice with children and families.

ATTENTION
- ★ Only required for Step 7.5-10 using community based training
- ★ Must be 500 words or more
- ★ Contact OCCD for alternative options if you believe writing is a barrier

Section 6: Read and Sign

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.).

You understand that incomplete applications will be returned.

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.

Your Signature	Your Printed Name	Date Signed