



The Nevada Registry

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The Nevada Registry Advisory Committee: Application for Community Member at Large

Date:			
Name:			Registry ID Number: _____
Agency/Employer:			
Employment Address:			
What Early Childhood population do you represent?*			
<small>* The position is open to ECE professionals in the community who do not represent a population/agency already present on the committee.</small>			
City:	Zip Code:	Phone: ()	Fax: ()
Have you had a chance to research/visit <i>The Nevada Registry</i> website? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you had an opportunity to read <i>The Nevada Registry Advisory Committee</i> :			
• Purpose, Composition and Meeting Structure		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Community Member at Large Agreement		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Conflict of Interest Policy		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Confidentiality Agreement		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Which components of Nevada's Professional Development System are you familiar with? (Check all that apply.)			
<input type="checkbox"/> Nevada Early Care and Education Professional Career Ladder			
<input type="checkbox"/> Core Knowledge Areas			
<input type="checkbox"/> Core Competencies			
<input type="checkbox"/> Pre-K Standards/Early Learning Guidelines			
<input type="checkbox"/> QRIS			
<input type="checkbox"/> The Nevada Registry Professional Development Plan			
<input type="checkbox"/> T.E.A.C.H. Early Childhood ®Nevada			
<input type="checkbox"/> Child Care Licensing Regulations			
<input type="checkbox"/> The Nevada Registry Training Approval System			
<input type="checkbox"/> Other: _____			
Briefly, tell us why you are interested in serving on the Registry Advisory Committee as the Community Member at Large:			
Do you have specific experiences that you feel would be helpful to the Registry Advisory Committee?			