




Career Development File Update/Renewal Form

Please use this form if your Registry Certificate of Achievement has expired.

Updated November 2011



The following items are needed to update your file:

- This update/renewal form.

If applicable:

- Copies of all informal, non-college workshop training certificates received since the date of your last application.
- Copies of college transcripts showing any additional ECE courses taken since the date of your last application.
- Copies of any ECE licenses, teaching certificates or endorsements received since the date of your last application.
- Copies of any degrees and/or diplomas received since the date of your last application.

Return to: The Nevada Registry • Update/Renewal
240 South Rock Blvd., Ste. #143 • Reno, NV 89502
FAXED RENEWAL FORMS WILL NOT BE ACCEPTED.

Personal Information

Full Name: _____

(as you want it printed on your certificate)

Registry ID #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

Email Address: _____

(Please provide a personal email address that has been registered in your name. The Registry will not accept a general company email address.)

- My place of employment has changed since my initial application/my last renewal to the Registry.

End Date: ____/____/____

Reason For Leaving: _____
(please select a number from the list to right)

Reason for Leaving

- Low pay
- Minimal or no benefits
- Class size too large
- High adult/child ratio
- Not enough materials and/or equipment
- Not enough educational/training opportunities
- Not enough help for working with children with challenging behaviors
- Not enough help for working with children with disabilities
- Lack of respect
- Long work hours
- No built in time for planning
- High work-related stress
- Other: _____

New Employment Information

Please complete this section if your place of employment has changed.

Program Name: _____

Program Address: _____

City: _____ State: _____ Zip: _____

Work Phone: () _____

Work Fax: () _____

Position Title Code (select from list to the right): _____

Average Hours per Week: _____

Start Date: ____/____/____

Position Title Codes

Direct Service Positions

- (1) Center/Preschool Director/Administrator
- (2) Assistant Director/Program Director
- (3) Infant/Toddler Director
- (4) Infant/Toddler Asst. Director
- (5) Lead/Head Teacher
- (6) Assistant Teacher/Aid
- (7) Floater/Breaker/Substitute
- (8) Pre-K - Grade 3 Teacher
- (9) Special Education Teacher
- (10) Before/After School Teacher
- Licensed Family Home Care Provider
- (22) Licensed Group Home Care Provider
- (21) Family, Friend & Neighbor Care (Unlicensed)
- (12) Other (direct): _____

Indirect Service Positions

- (13) Early Childhood Trainer/Coordinator
- (14) Early Intervention Provider
- (15) CCR&R or other child/family agency
- (16) Higher Education Faculty
- (17) Program Administrator (indirect)
- Unemployed
- Student/Not Currently Working in ECE
- Other (indirect): _____

Please continue to next page.

Help Us Track Our Workforce *Please complete this section each time you renew.*

Why am I being asked for this information?

The information collected in this section is for the sole purpose of gaining knowledge about the Early Care and Education workforce and to assist in making positive changes to the professional development system in Nevada. The information that you provide here WILL NOT affect your Career Ladder Placement, nor will it ever be disclosed with any identifying information attached. Any data provided to collaborators will be combined with the data of other members in order to report on large groups of members, rather than on any individual member. This and ALL other information contained in your Career Development file is confidential.

Demographic Profile:

Family Composition/Marital Status: Single Married Divorced Widowed

Do you have children/dependents? Yes No

Number of children/dependents (if applicable): _____

Current Wage and Salary Information:

Do you work full or part time: F/T P/T

Number of months worked per year: _____

Number of hours worked per week: _____ Hourly Wage: \$ _____ per hour

Your Annual Child Care/Early Childhood Income (not household):

- | | | |
|---|---|---|
| <input type="checkbox"/> \$12,500 or less | <input type="checkbox"/> \$25,001 to \$30,000 | <input type="checkbox"/> \$50,001 to \$55,000 |
| <input type="checkbox"/> \$12,501 to \$15,000 | <input type="checkbox"/> \$30,001 to \$35,000 | <input type="checkbox"/> \$55,001 to \$60,000 |
| <input type="checkbox"/> \$15,001 to \$17,500 | <input type="checkbox"/> \$35,001 to \$40,000 | <input type="checkbox"/> \$60,001 to \$65,000 |
| <input type="checkbox"/> \$17,501 to \$20,000 | <input type="checkbox"/> \$40,001 to \$45,000 | <input type="checkbox"/> \$65,000 or more |
| <input type="checkbox"/> \$20,001 to \$25,000 | <input type="checkbox"/> \$45,001 to \$50,000 | |

When did you receive your last wage increase (at your current place of employment)?

- Within the last 3 months
- 3-6 months ago
- 6 months – 1 year ago
- More than 1 year ago
- N/A (I haven't received a raise)

Are you the sole source of income for your household? Yes No

Do you receive government assistance of any type? Yes No

Employee Benefits:

Check the benefits you currently receive (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Paid Sick Leave | <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Disability Insurance |
| <input type="checkbox"/> Paid Vacation | <input type="checkbox"/> Vision Insurance | <input type="checkbox"/> Dental Insurance |
| <input type="checkbox"/> Paid Personal Days | <input type="checkbox"/> Paid College Tuition | <input type="checkbox"/> Retirement Plan |
| <input type="checkbox"/> Free Child Care | <input type="checkbox"/> Periodic Cash Bonuses | <input type="checkbox"/> Paid Training Registration Fees |
| <input type="checkbox"/> Reduced Child Care | <input type="checkbox"/> Meals | <input type="checkbox"/> Paid Release Time for Training |
| <input type="checkbox"/> Paid Holidays | <input type="checkbox"/> Paid Conference Registration | |
| <input type="checkbox"/> None | <input type="checkbox"/> Other _____ | |

Do you receive benefits from another source (spouse, parent, etc.)? Yes No

Are you currently a T.E.A.C.H. Scholarship Recipient? Yes No

Please continue to next page.

Tell Us More About Who You Are as an ECE Professional

To receive recognition on your certificate, you must submit verification for the selected items (i.e. statement from the board, membership card, copy of article written, etc.). Please do not select more than three. If more than three contributions are selected, only the first three items checked will be displayed on your certificate

- Perfect attendance on the job for the last 12 months (must provide verification from your employer)
- Completed 30 or more informal child care training hours in the last 12 months
- Volunteer in an Early Childhood program or related ECE organization
- Current member of a local, statewide or national AEYC organization
Member # _____
- Current member of a local school-age, family, or teacher support group
Member # _____
- Board member or Officer of a local, state or national professional child care organization
- Chairperson/Planner for Week of the Young Child
- Participated in the process and helped achieve national accreditation
- Nationally accredited family child care or group home provider
- Validator or Assessor for national accreditation (served as one in the last year)
- Recipient of an award specific to the Early Care and Education profession in the last 12 months
- Registered trainer with *The Nevada Registry*
- Presenter at local, state, or national conference
- Committee member for local or statewide conference
- Chairperson of regional or state early childhood conference
- Active member of the Registry Advisory Committee
- T.E.A.C.H. Early Childhood[®] Nevada Scholarship Participant
- Child Development Associate (CDA) Advisor
- Child Care Health Consultant
- Editor of local, state, or regional early childhood newsletter
- Author or contributor of material for early childhood newsletter distributed locally, statewide or nationally
- Other (must be approved by the Registry office):

Thank You for Renewing!

I certify that the information provided and/or attached to my update/renewal form is true and correct.

Signature of applicant: _____ Date: ____/____/____

- Check here to authorize the release of your home mailing/email address* to organizations that would like to notify you of upcoming training opportunities, special offers, special events, etc.

* As a policy, the Registry does not release personal information about our members. If you check the box above, the ONLY information provided to agencies will be your home mailing/email address. Career Ladder levels, experience, employer, or any other personal information contained in your Career Development file will not be released.

Please send all applicable renewal documentation to the address listed on the front page. Do not fax!
Your updated certificate will be mailed to your home address.