MEMBERSHIP APPLICATION

6



Getting Started: Tips for Submitting a Complete Application to The Nevada Registry

PLEASE TYPE OR PRINT CLEARLY USING BLACK OR BLUE INK.

COMPLETE SECTIONS 1-6 AND SUBMIT YOUR APPLICATION WITH ALL OF THE NECESSARY SUPPORT DOCUMENTATION. TEAR OFF THE BACK PAGE AND KEEP FOR YOUR REFERENCE.

PROVIDE A VALID/CURRENT EMAIL ADDRESS IN ORDER TO RECEIVE ANNUAL RENEWAL REMINDER NOTICES AND ACCESS TO YOUR ONLINE PORTAL.

MEMBERSHIP CERTIFICATES ARE NOT PRINTED/MAILED. AVAILABLE ONLY IN DIGITAL FORMAT FROM WITHIN YOUR ONLINE PORTAL.

SUBMIT <u>COPIES</u> OF YOUR DOCUMENTATION – DO NOT MAIL ORIGINALS. PLEASE DO NOT SEND COPIES ON COLORED PAPER AND/OR THAT ARE ILLEGIBLE. BECAUSE THE NEVADA REGISTRY ARCHIVES/SCANS ALL MEMBER FILES, IT IS IMPORTANT THAT THE COPIES SUBMITTED ARE OF GOOD QUALITY.

FAXED APPLICATIONS WILL NOT BE ACCEPTED.

The Nevada Registry takes your privacy and the protection of information about individual members seriously. All of the information provided on this application is confidential*. Aggregated membership and training approval system data may be shared with collaborators and interested parties and/or released to community and statewide agencies to support data projects and to aid in the planning for increased funding, quality ^{*}and services of the early childhood community. In all cases, data is never disclosed with any personally identifying information attached. Any data provided to the community via the website and/or collaborators through other means, is combined in order to report on large groups of people, rather than on any individual member.

Child Care Licensing Surveyors and center/program Administrative staff are provided with read-only login credentials to conduct a limited database search and generate a list of employees by center and/or to search for an individual by name for the purposes of verifying membership with the Registry/ensuring compliance with the regulation regarding mandatory participation. The only information available through this search is the status of an individual's application, their last reported employer, Registry ID #, and their certificate expiration date. Personal information such as Career Ladder level, prior work history or any other personal information is not accessible.

MAKE IT COUNT!

Investing more time at this stage of the application process will result in a more comprehensive and accurate profile of who you are as an ECE professional!

Section 1: Tell Us About Yourself

First Name:	Last Name:	(As you want it printed on your certificate.)
Previous Last Name(s):		
Mailing Address:		Apt. #:
City:		State: Zip:
Contact Phone #:)		Email Address:
		The Nevada Registry is transitioning to a paperless system. For this reason, it is imperative that a current/valid email address registered in your name be provided. General company email addresses will not be accepted. Please note that by not supplying an email address, you are electing not to receive notifications, updates pertinent to your membership and most importantly; renewal reminder notices.
Identification Verification Questi	ions (required)	
The Nevada Registry is committed to mai	intaining the security of your info	ormation. A system generated, unique Registry ID number will be assigned to your file upor

account creation. This number, along with the last 5 digits of your Social Security number, will be used to verify your identity should you ever need to contact our office to obtain any information contained within your account.

Date of Birth (MM/DD/YYYY):	Last 5 digits of Social Security #: XXX - X	-			

○ I have more than

Section 2: Tell Us About Your Current Employer

Complete this section if you are currently employed in a paid, part-time or full-time, early childhood position.

Program Name: Program Address:				 i job in ECE (Please list additional places of employment in Section 3, Part D).
City:		State:	Zip:	-
Work Phone: ()		Work Fax: ()	-
Type of Program:				
\bigcirc Licensed Child Care Center	\bigcirc Head Start		○ School-Age/Youth	Development Program
\bigcirc Licensed Family Child Care	○ State Funded	l Pre-K Program	\bigcirc Early Intervention	/Special Education
\bigcirc Licensed Group Home	○ Elementary S	School (K- Grade 3)	\bigcirc Family, Friend or I	Neighbor Care (Unlicensed)
			\bigcirc Other child/family	y-related program (specify):
Check if applicable:				
\bigcirc I am currently a college student	in Nevada at:			
○ CSN – College of Southern	Nevada	○ UNR – Univer	sity of Nevada – Reno	
○ GBC – Great Basin College		○ TMCC – Truck	kee Meadows Community Co	ollege
\odot UNLV - University of Nevad	la – Las Vegas	○ WNC – Wester	rn Nevada College	
		○ Other:		

Section 3: Tell Us About Your Professional Early Childhood Experience

Choose a position code from the list in **Part A** and enter it in **Part B**. If the exact title for your position is not reflected in the list, please choose the title code that **MOST CLOSELY** fits.

A. Position Title Codes (to be used in Parts B a	and D below)	B . Current Position I	nformation
Direct Service Positions* 1. Center/Preschool Director/Administrator	Indirect Service Positions 13. Early Childhood Trainer/Coordinator	Position Title Code: (Select from list in Part A)	
2. Assistant Director/Program Director	14. Early Intervention Provider	Start Date: (MM/DD/YY	YY):
3. Infant/Toddler Director	15. Child Care Resource & Referral (CCR&R)		d Per Week:
4. Infant/Toddler Assistant Director	16. Higher Education Faculty	Number of flours worke	urei week
5. Lead/Head Teacher	17. Program Administrator (indirect)	Hourly Wage: \$	
6. Assistant Teacher/Aide	24. TA Provider (Coach, Mentor, Consultant)	(or Gross Annual Salary if a Farr \$	nly/Group Child Care Provider)
7. Floater/Breaker/Substitute	18. Other child/family agency (indirect):	(Wage data is collected only for	
8. Dept. of Education, Licensed ECE Teacher		in ECE and is never individually	vage of all professionals working y reported or disclosed.)
9. Dept. of Education, Licensed ECE Special Education Teacher	Other	Number of Months Work	rod Dor Voort
10. Before/After School Teacher		Number of Months work	eu rer rear:
11. Licensed Family Child Care Provider	19. Unemployed	When did you receive your l	0
22. Licensed Group Home Provider	20. Employed but not working in ECE	current place of employme	• • •
21. Family, Friend or Neighbor Care (Unlicensed)		\bigcirc Within last 3 months	O More than 1 year ago
12. Other (direct):		\bigcirc 3-6 months ago	\bigcirc I haven't received a raise
*Direct service positions refer to the direct care of children; mos	t commonly in a licensed child care setting.	\bigcirc 6 months – 1 year ago	
C. Age Group (The age of children you are currently wor	kina with. Check all that applu. Please include the	e percentage of time if working witl	h more than one aae aroup.)

$^{\bigcirc}$ Infants (0-12 months) % of time:	\bigcirc Preschool (37 months – Pre-K) % of time:	\bigcirc Youth (13-21 years) % of time:
\odot Toddler (13-36 months) % of time:	\bigcirc School Age (Kindergarten – 12 years) % of time:	○ N/A

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

Complete this section thoroughly. Resumes will not be accepted in lieu of completing the table below.

- All fields are required. Previous employment listed with incomplete dates (and/or no dates) will not be factored into your total number of direct service hours and could result in an inaccurate Career Ladder level and/or total number of self-reported years in the field that are listed on your certificate. Applications will not be reprocessed due to failure to provide dates and/or employers at the time of application.
- List each position separately. If you hold, or have held, more than one position for the same employer, list those positions separately.
- If you have held the same position at more than one place of employment, list each experience separately.
- Do not include any previous employment that is not ECE-related (i.e., retail, food service, etc.).
- Recognition for volunteer work can be noted in Section 4.

Make a copy of this page if more space is needed to report previous experience. O Check here if you do not have previous experience in ECE.

Previous Work in ECE and/or Additional Current Jobs in ECE	City	State	Position Title Code (Choose from list in Part A above)	# of Hours Worked Per Week	Hourly Wage	Reason for Leaving Code (Choose from list in Part E below)	Dates of En Start (MM/DD/YYYY)	
Employer:								
Phone: ()								
Address:								
Employer:								
Phone: ()								
Address:								
Employer:								
Phone: ()								
Address:								
Employer:								
Phone: ()								
Address:								
Employer:								
Phone: ()								
Address:								

E. Reason for Seeking New Employment (applies to all previous positions). Please select only one for each position above.

A. New job in ECEB. New job outside the field of ECE

C. Relocation

E. Personal

D. Maternity Leave

E. Personal F. Other: ___

Section 4: Tell Us More About Who You Are as an ECE Professional

Professional contributions/achievements are typically volunteer activities for which you do not receive compensation and that are not part of your paid position or job description. These activities are generally (but not limited to) efforts that extend beyond your center/agency/organization and are aimed at increasing your personal professional involvement, and typically benefit the larger early childhood community.

Please check **up to three** contributions that you feel are your greatest accomplishments achieved in the last 12 months. The contributions you select will be highlighted on your certificate along with your Career Ladder level and self-reported years in the field.

Note: Professional contributions will be updated on an annual basis upon renewal to the Registry. Certificates will not be reissued due to failure to check contributions and/or failure to provide required documentation. Contributions will only be listed on your certificate when accompanied by documentation (i.e., statement from the board, membership card, etc.).

\bigcirc Perfect attendance on the job for the last 12 months (must provide verification from your employer)	\bigcirc Approved Trainer with The Nevada Registry
\bigcirc Completed 30 or more informal child care training hours in the last 12 months	\bigcirc Presenter of at least one child care workshop in the past year
\bigcirc Completed a Professional Development Plan	\bigcirc Presenter at a local, state, or national conference
\bigcirc Volunteer in an Early Childhood program or related ECE organization	\bigcirc Committee member for regional or statewide conference
○ Current member of a local, statewide or national AEYC organization. Member #:	\bigcirc Active member of The Nevada Registry Advisory Committee
○ Current member of a local school-age, family, or teacher support group. Member #:	\bigcirc T.E.A.C.H. Early Childhood Nevada Scholarship Recipient
\bigcirc Board member or Officer of a local, state or national professional child care organization	\bigcirc Active member of the T.E.A.C.H. Early Childhood Nevada Advisory Committee
\bigcirc Participated in the process and helped achieve national accreditation	\bigcirc Editor of local, state, or regional early childhood newsletter
\bigcirc Nationally accredited Family Child Care or Group Home provider	○ Other:
\bigcirc Recipient of an award specific to the Early Care and Education profession in the last 12 months	○ Other:

Section 5: Help Us Collect Important Data About Our Workforce

The purpose of collecting this information is to gain knowledge about the Early Care and Education workforce and to assist in making positive changes to the professional development system in Nevada. The information reported here WILL NOT affect your Career Ladder placement, nor will it ever be disclosed with any identifying information attached. All data provided to collaborators and for reporting purposes is combined in order to report on large groups of members and will never be reported about you as an individual. Although this section is optional, we hope you will consider answering the questions so that we may gather a more accurate picture of our ECE workforce in Nevada.

 \bigcirc I am choosing to skip this optional section.

Demographic Profile

Gender:

○ Male ○ Female

Race/Ethnicity (check only one):

- African American/Black
- American Indian
- \bigcirc Asian
- Caucasian/White
- Hispanic/Latino
- Pacific Islander
- Multi-Racial
- Other _

Languages Spoken Fluently:

Primary Language:_

Secondary Language: ____

Family Composition/Marital Status:

- Single Do you have children/dependents
 Married you are financially responsible for
 Divorced Yes If yes, how many?
 Widowed No
- Other:

Employee Benefits

Check the benefits you receive from your **current** employer. Do not include benefits received from another source (i.e., spouse, parents, etc.) Check all that apply.

○ Employer-paid health insurance

If not paid by employer, option to purchase health insurance through employer % paid by employer:_____

- Paid sick/personal days # of days per year:_____
- Paid vacation days # of days per year:_____
- Employer-paid retirement
 - If not paid by employer, option to contribute to a retirement plan. % of employer match: ______
- \bigcirc Paid tuition/professional development. Amount per year:
- \bigcirc No benefits

Other:

Are you the sole source of income for your household?

○Yes ○No

Do you currently work at another job outside the field of ECE?

○Yes ○No

If yes, on average, how many hours per week do you work at this job?

Section 6: Final Step - Sign Your Application! Thank you for submitting your application to The Nevada Registry!

You will receive an email to confirm when your application has been received. If it is complete upon submission, the email will verify that you are in compliance with Child Care Licensing requirements for mandatory participation (if applicable). You will also be notified via email if your application is not complete upon submission. The additional information needed must be submitted to our office by the date indicated in your email notice. If all of the requested items are received within this timeframe, your application will be processed. However, if requested items are not received by the listed date, your original application will be securely recycled and the application process will need to be re-initiated; further delaying your compliance with Child Care Licensing regulations for mandatory participation (if applicable).

Once your application has been processed, you will receive another email notifying you that your Certificate of Achievement packet has been mailed to the mailing address on file (or available to download once the Registry has transitioned to a paperless system). Please notify our office if you do not receive your packet within 30 business days of the email. Certificates will be replaced at no charge if our office is notified within this timeframe. However, a \$10 replacement fee will be imposed on requests made 30 days beyond the date of the confirmation email.

*Occasionally, emails sent from The Nevada Registry are returned as undeliverable and/or considered spam. Please note that email confirmations are generall sent within 48 business hours of receipt of an application. If you do not hear from us within that timeframe, it is possible that your message was returned or was blocked on your end. Please check your junk mail and/or spam folders. If you do not see the email you are expecting, contact our office at (775) 327-0670 or (800) 259-1906 so we may help resolve the issue.

I certify that the information included in my application and all future renewals is true and correct. I understand that I am responsible for the information included in this application and that it will not be processed if any of the required fields are left blank. I further understand that the Registry may use the information in my file to compile and publish group/aggregated data reports that may be made public both locally and nationally as part of the National Workforce Registry Alliance to help create a national dataset of early childhood workforce data. I acknowledge that information may be accessed by regulatory agencies, Nevada's Quality Rating and Improvement System, and other quality initiatives in the future as directed by the funding agency of The Nevada Registry. I do hereby indemnify the Registry Advisory Committee, 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 Nevada Registry is a public entity that will protect the confidentiality of personally-identifiable information provided to the extent permitted under state and federal law. I further recognize that my participation in The Nevada Registry is on an annual renewal basis and that I am responsible for any renewal fees, reprocessing fees, replacement certificate fees, etc., that may be assessed in the future. I agree to submit all information as requested by my certificate expiration date. Should further documentation be needed in order to process my application, I will cooperate fully with the staff of The Nevada Registry by submitting requested information by the date indicated in the email notification. I understand that documentation that cannot be verified will not be considered in my Career Ladder level placement.

	YOUR APPLICATION WILL NOT BE PROC	CESSED WITHOUT YOUR SIGNATURE.	
Applicant Signature:	Dat	.te://	
Release of Informatio	on (optional)		
	t The Nevada Registry permission to release my nan g events, special offers/events, membership prizes, li	me and contact information to organizations that would like to notify limited scholarship opportunities, etc.	у
1 0. 0 0		If you sign below, the ONLY information provided to agencies will be your name, email ther personal information contained in your career development file will not be	il
Applicant Signature:	Dat	.te://	

The Nevada Registry has gone paperless and is no longer accepting drop-off or mailed-in applications. Please EMAIL this application in PDF format along with your supporting documentation (see checklist next page) to: nevadaregistry@washoeschools.net (must be complete to be accepted).

EMAIL YOUR COMPLETED APPLICATION TO:

nevadaregistry@washoeschools.net

Career Ladder Placement Checklist

KEEP THIS PAGE FOR YOUR REFERENCE.

This page is provided for informational purposes. Please review the application checklist below and refer to the <u>Career Ladder</u> to ensure that you submit all the necessary support documentation to place at the highest possible level. Applications will not be reprocessed due to failure to include the necessary documentation at the time of application. **Incomplete applications will be securely recycled.**

Please note that the information collected through the application process is for Career Ladder placement only. Submitting a complete application to The Nevada Registry means that you are in compliance with the requirements for mandatory participation but it does not qualify you to work in ECE, nor does it verify that all requirements of Child Care Licensing have been met. Always check with your surveyor if you have questions about the regulations.

Minimum Requirements for Career Ladder Placement

Documentation of the initial licensing requirements listed below is necessary to place members without formal education in ECE on the Career Ladder at Level 1.1*. If you have college coursework and/or degrees in ECE, you may bypass the minimum requirements and proceed to the Supplemental Requirements for Career Ladder Placement section below.

If you work in a program that is exempt from Child Care Licensing (ex., school district/State funded Pre-K, Tribal Head Start, school-age before/ after programs, etc.), contact our office to find out what documentation will be accepted for Career Ladder Placement.

Work I child/ Dackground Check, Sherin 5 Card of Clearance Menoralidum No Longer REQUINED IS OF SET TEMPER		Work Permit/Background Check, Sheriff's Card or Clearance Memorandum	NO LONGER REQUIRED AS OF SEPTEMBER 1, 202
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TB Test (with results) **NO LONGER REQUIRED AS OF SEPTEMBER 1, 2020**

CPR/1st Aid Certification Card (temporary cards/completion letters not accepted). Cards must be issued by 1 of the 5 authorized agencies.

Signs and Symptoms of Illness/Infectious Disease Certificate of Completion including Bloodborne Pathogens

Recognition and Reporting of Child Abuse and Neglect Certificate of Completion (must include Nevada-specific content)

Sudden Infant Death Syndrome Certificate of Completion (if applicable)

Child Development (Three hours required.)

Lifelong Wellness (Obesity/Nutrition/Physical Activity) (**Two** hours required.)

Building and Physical Premises Safety including Storage of Bio-Contaminants and Hazardous Materials

Emergency Preparedness and Response Planning Resulting from a Natural or Man-Made Event

Medication Administration and the Prevention of and Response to Food and Other Allergies in the Child Care Environment

Prevention of Shaken Baby Syndrome and Abusive Head Trauma (if applicable)

Transportation Safety in the Early Childhood Environment (if applicable)

*A minimum of 1000 hours of direct work experience is required to place on the ladder (reported in Section 3). If you have less than 1000 hours of direct work experience in ECE at the time of application, you will receive a Certificate of Participation (pre-level) until the necessary hours have been accrued. Members at this level are considered active participants of the Registry and are in compliance with Child Care Licensing, despite not yet having an assigned level on the ladder.

Supplemental Requirements for Career Ladder Placement

To receive recognition for professional development activities above and beyond the requirements outlined above, please also submit the following items. Doing so will likely result in a Career Ladder Level of 1.2 or higher and will result in a more complete and accurate reflection of your professional history. *Please note that even if documentation of the initial licensing requirements listed above is not needed to place on the Career Ladder, you are encouraged to submit any and all training certificates with your application. Doing so creates a more complete professional development profile for you and is a great backup should you lose or misplace documents in the future.*

High School Diploma/GED Certifi

Note: A High School Diploma is not required to place at Level 1.1. Requirement for HS diploma will be waived for applicants with 8 or more ECE college credits or 20 or more general college credits.

Training Certificates

⁷ Note: Submit all of the training certificates accumulated throughout your entire career for the most complete record of your professional development.

CDA Certificate

College Transcripts

Note: Official (preferred) and unofficial transcripts are accepted. Must contain the institution name, student name, degree earned (if applicable) and date conferred (if applicable). College diplomas should not be submitted in lieu of transcripts. Without transcripts, members may not receive appropriate credit for degrees.

College/University Course Description Form (if applicable)

 $\stackrel{-}{}$ Note: This form can be submitted to request review of ECE-related courses obtained witinin a Non-ECE degree.

Translation of International College Transcripts (if applicable)

Note: In order for degrees earned in countries other than the United States to be considered for Career Ladder placement, a letter of equivalency/translation must be obtained from an approved US evaluation agency/institution of higher education **prior** to submitting an application.

Prior Work History

Note: Your total self-reported years of experience will be highlighted on your certificate in addition to your Career Ladder level.

The Nevada Early Care and Education Professional Career Ladder

levels representing various combinations of formal education, training and direct experience (up to 4000 hours). Follow this path to achieve your educational and professional goals!

Certificate of Participation (Pre-Level)

Individuals placed at this level have applied for Career Ladder placement and are active members of the Registry, but have not yet accumulated the 1000 hours of direct experience in the field of ECE necessary to place at a level

1.1 Initial Child Care Licensing requirements and a minimum of 1000 hrs. of direct experience

1.2 All of 1.1 plus a high school diploma/GED

1.3 All of 1.1, 1.2 and 1 ECE college credit or 15 hrs. approved training

LEVEL 2



2.1 Current CDA or 8 ECE college credits and 2000 hrs. direct experience, or high school diploma/GED, 120 hrs. of approved CKA training, and 2000 hrs. direct experience

2.2 12 ECE college credits and 3000 hrs. direct experience

LEVEL 3

3.1 Apprenticeship Certificate or 20 ECE college credits and 4000 hrs. direct experience

3.2 1-year ECE certificate or 30 college credits with 24 in ECE and 4000 hrs. direct experience

LEVEL 4

4.1 Associate's degree in ECE or Associate's degree in another field with 30 or more ECE college credits

4.2 All of 4.1 and 4000 hrs. direct experience

LEVEL 5



5.1 Bachelor's degree in ECE or Bachelor's degree in another field with a state teaching license containing an ECE endorsement or a Bachelor's degree in another field with 30 or more ECE college credits

5.2 All of 5.1 and 4000 hrs. direct experience

LEVEL 6

6.1 Master's degree in ECE or Master's degree in another field with a state teaching license containing an ECE endorsement or a Master's degree in another field with 30 or more ECE college credits

6.2 All of 6.1 and 4000 hrs. direct experience

LEVEL 7

7.1 Doctorate in ECE or Doctorate in another field with a state teaching license containing an ECE endorsement or Doctorate in another field with 30 or more ECE college credits

7.2 All of 7.1 and 4000 hrs. direct experience