





#### PLEASE TYPE OR PRINT CLEARLY USING BLACK OR BLUE INK.

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.

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.

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.



# Section I: 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 #:				
		To ensure that you The Nevada Regist (Please provide a p	continue to receive important infor	email address be on file at all times. 1 registered in <u>your</u> name.
dentification Verification Questions he Nevada Registry is committed to maintain ecount creation. This number, along with the pobtain any information contained within yo	ning the security of your infor last 5 digits of your Social Se			
Date of Birth (MM/DD/YYYY):		Last <b>5</b> digits of	Social Security #: XXX - X	-
Section 2: Tell Us About You	ur Current EmpLoyer			
complete this section if you are currently	employed in a paid, part-	-time or full-time, ea		<ul> <li>I have more than</li> <li>i job in ECE (Please</li> </ul>
Complete this section if you are currently Program Name:	employed in a paid, part-	-time or full-time, ea		1 job in ECE (Please list additional places
complete this section if you are currently	employed in a paid, part-	-time or full-time, ea		1 job in ECE (Please
Complete this section if you are currently Program Name:	employed in a paid, part-	-time or full-time, ea		1 job in ECE (Please list additional places of employment in Section 3, Part D).
Complete this section if you are currently Program Name: Program Address:	employed in a paid, part-	-time or full-time, ea	Zip:	1 job in ECE (Please list additional places of employment in Section 3, Part D).
Complete this section if you are currently Program Name: Program Address: City:	employed in a paid, part-	-time or full-time, ea State:	Zip:	1 job in ECE (Please list additional places of employment in Section 3, Part D).
Program Name:  Program Address:  City:  Work Phone:	employed in a paid, part-	-time or full-time, ea State:	Zip:)	1 job in ECE (Please list additional places of employment in Section 3, Part D).
Program Name:  Program Address:  City:  Work Phone:	employed in a paid, part-	-time or full-time, ea State: Work Fax: (	Zip:)	1 job in ECE (Please list additional places of employment in Section 3, Part D).
Program Name:  Program Address:  City:  Work Phone:  'ype of Program:  City: C	employed in a paid, part-	-time or full-time, ea  _ State: Work Fax: (	Zip:	1 job in ECE (Please list additional places of employment in Section 3, Part D).
Program Name:  Program Address:  City:  Work Phone:  Licensed Child Care Center  Licensed Group Home	<ul><li>employed in a paid, part-</li><li>Head Start</li><li>State Funded Pre</li></ul>	-time or full-time, ea  _ State: Work Fax: (	Zip:	1 job in ECE (Please list additional places of employment in Section 3, Part D).  Development Program  /Special Education  Neighbor Care (Unlicensed)
Program Name:  Program Address:  City:  Work Phone:  Licensed Child Care Center  Licensed Family Child Care  Licensed Group Home	<ul> <li>employed in a paid, part-</li> <li>Head Start</li> <li>State Funded Pro</li> <li>Elementary School</li> </ul>	-time or full-time, ea  _ State: Work Fax: (	Zip:	1 job in ECE (Please list additional places of employment in Section 3, Part D).  Development Program /Special Education Neighbor Care (Unlicensed)
Program Name:	<ul> <li>employed in a paid, part-</li> <li>Head Start</li> <li>State Funded Pro</li> <li>Elementary School</li> </ul>	e-K Program	Zip:  School-Age/Youth Early Intervention Family, Friend or 1 Other child/family	1 job in ECE (Please list additional places of employment in Section 3, Part D).  Development Program  /Special Education  Neighbor Care (Unlicensed)
Program Name: Program Address: City: Work Phone: ()  ype of Program:	<ul> <li>employed in a paid, part-</li> <li>Head Start</li> <li>State Funded Pro</li> <li>Elementary School</li> </ul>	-time or full-time, ea	Zip:	1 job in ECE (Please list additional places of employment in Section 3, Part D).  Development Program /Special Education Neighbor Care (Unlicensed) /-related program (specify):
Program Name:	<ul> <li>employed in a paid, part-</li> <li>Head Start</li> <li>State Funded Pro</li> <li>Elementary School</li> <li>in Nevada at:</li> </ul>	e-K Program ool (K- Grade 3)  UNR – Univer	Zip:  School-Age/Youth Early Intervention Family, Friend or 1 Other child/family	1 job in ECE (Please list additional places of employment in Section 3, Part D).  Development Program /Special Education Neighbor Care (Unlicensed) /-related program (specify):

# 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.

${f A}$ . Position Title Codes (to be used in Parts B a	and D below)			B	Currei	nt Position 1	Information	
Direct Service Positions*  1. Center/Preschool Director/Administrator  2. Assistant Director/Program Director  3. Infant/Toddler Director  4. Infant/Toddler Assistant Director  5. Lead/Head Teacher  6. Assistant Teacher/Aide  7. Floater/Breaker/Substitute  8. Dept. of Education, Licensed ECE Teacher  9. Dept. of Education, Licensed ECE Special Education Teacher  10. Before/After School Teacher  11. Licensed Family Child Care Provider  22. Licensed Group Home Provider  21. Family, Friend or Neighbor Care (Unlicensed)  12. Other (direct):	Indirect Ser  13. Early Childho  14. Early Interver  15. Child Care Re  16. Higher Educa  17. Program Adm  24. TA Provider (  18. Other child/fa  Other  19. Unemployed  20. Employed but	od Trair ation Pro source 8 tion Fac inistrate Coach, I mily ag	per/Coordinator ovider referral (CCR&I ulty or (indirect) Mentor, Consultar ency (indirect):	Sta R) Nu HG (or (or (W) det in 1 Nu Wh cu	art Date: art Da	Hours Worked ge: \$	per hour mily/Group Child r the purpose of h wage of all profes ly reported or disc ked Per Year: last wage increa ent? (Check onl	Care Provider)  elping to  sionals working  closed.)  use at your  y one)
C. Age Group (The age of children you are currently work	kina with the major	ritu of w	our day Cheek or	alu one )				
O Infants (0-12 months)	Preschool (37 m School Age (Kin	onths -	- Pre-Kinderga			Youth (13-21 y Multi-Age	years)	O N/A
D. All Previous and Verifiable Early Childh	ood Work Ex	perie	nce (Direct	and Ind	irect)			
<ul> <li>All fields are required. Previous employment listed result in an inaccurate Career Ladder level and/or due to failure to provide dates and/or employers at</li> <li>List each position separately. If you hold, or have h</li> <li>If you have held the same position at more than one</li> <li>Do not include any previous employment that is no</li> <li>Recognition for volunteer work can be noted in Sec</li> </ul>	total number of self t the time of applica held, more than one he place of employm of ECE-related (i.e.,	reporte tion. position ent, list	d years in the field for the same empleach experience s	d that are list to	sted on you	r certificate. App		
Make a copy of this page if more space is needed to	report previou	s expe	rience.	Check h	ere if you	ı do not have	previous expe	erience in ECE.
Previous Work in ECE and/or Additional Current Jobs in ECI	E City	State	Position Title Code (Choose from list in Part A above)	# of Hours Worked Pe Week		(Choose from list	Start	Employment  End  (MM/DD/YYYY)
Employer: Phone: ( ) Address:								
Address: Employer: Phone: ( ) Address:								
E. Reason for Seeking New Employment (a)	pplies to all p	revio	us positions	s). Pleas	e select	only one fo	or each posit	ion above.
A. New job in ECE	C. Relocation					E. Personal	l	

D. Maternity Leave

B. New job outside the field of ECE

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.).

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

I am choosing to skip this optional section.

Demographic Profile	Employee Benefits
Gender:  O Male OFemale  Race/Ethnicity (check only one):  O African American/Black	Check the benefits you receive from your <b>current</b> employer. Do not include benefits received from another source (i.e., spouse, parents, etc.). Check all that apply.  O 100% employer-paid health insurance
<ul> <li>American Indian</li> <li>Asian</li> <li>Caucasian/White</li> <li>Hispanic/Latino</li> <li>Pacific Islander</li> <li>Multi-Racial</li> <li>Other</li> <li>Languages Spoken Fluently:</li> <li>Primary Language:</li> </ul>	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:  Paid tuition/professional development. Amount per year: \$  No benefits
Secondary Language:	

Secondary La	nguage:
Family Composit	tion/Marital Status:
O Single	Do you have children/dependents
<ul><li>Married</li></ul>	you are financially responsible for
<ul><li>Divorced</li></ul>	O Yes If yes, how many?
<ul><li>Widowed</li></ul>	○ No
Other:	

○ 100% employer-paid health insurance
If not paid by employer, option to purchase health insurance through employer % paid by employer:
O Paid sick/personal days # of days per year:
O 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:
O Paid tuition/professional development. Amount per year: \$
○ 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?
if yes, on average, now many nours per week do you work at this job.

# 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 the Child Care Licensing requirements for mandatory participation (if applicable). If your application is not complete upon submission, the email will notify you of the additional information needed. Your application will be returned to you with a checklist of missing items. Please note that you are not considered to be in compliance with Child Care Licensing until a complete application has been received by our office.

Once your application has been processed, you will receive an additional email notifying you when your Certificate of Achievement packet has been mailed (packet will be sent to the mailing address on file). 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 generally 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 within 30 days of the written request. I understand that documentation that cannot be verified will not be considered in my Career Ladder level placement.

YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT YOUR SIGNATURE

Applicant Signature:	Date:/
Release of Information (optional)	
By signing below, I grant The Nevada Registry permission to release my me of upcoming training events, special offers/events, membership prize	v name and contact information to organizations that would like to notify zes, limited scholarship opportunities, etc.
	ers. If you sign below, the ONLY information provided to agencies will be your name, email any other personal information contained in your career development file will not be released.
Applicant Signature:	Date:/

MAIL YOUR COMPLETED APPLICATION TO:

The Nevada Registry 240 S. Rock Boulevard, Ste. #143 Reno, NV 89502

PLEASE ENSURE THAT YOU HAVE ATTACHED SUFFICIENT POSTAGE TO YOUR APPLICATION.

MAIL WITH POSTAGE DUE WILL BE RETURNED TO THE SENDER.

#### TEAR THIS PAGE OUT AND KEEP FOR YOUR REFERENCE.

This page is provided for informational purposes. Please review the application checklist below and refer to the Career Ladder on the back of this page 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 returned.** 

Please note that the information collected through the application process is for Career Ladder placement only. 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 Permit/Background Check or Sheriff's Card TB Test/Health Card CPR/1st Aid Certification Card (temporary cards/completion letters not accepted) Signs and Symptoms of Illness/Infectious Disease Certificate of Completion including Bloodborne Pathogens (must be taken in person; online training not accepted) Recognition and Reporting of Child Abuse and Neglect Certificate of Completion (must be taken in Nevada) Sudden Infant Death Syndrome Certificate of Completion (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. 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. High School Diploma/GED Certificate 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** 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: Unofficial transcripts are acceptable. Your name must be printed on your transcripts or a copy of your student ID must be included. A copy of your completed degree can also be included but should not be submitted in lieu of transcripts. College/University Course Description Form (if applicable). Note: This form can be submitted to highlight ECE-related coursework obtained in 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

The Career Ladder is the cornerstone of the Registry's recognition system. It is based on what research has shown about the importance of specialized training in ECE and the correlation between formal education and quality environments for children. The ladder contains 7 levels representing various combinations of formal education, training and direct experience (up to 4000 hours). The ladder views the field of Early Childhood Education as a distinct and separate body of knowledge. While it is our goal to place you at the highest level possible, the level you receive on your certificate is directly related to the documentation provided at the time of application/renewal.

# General Notes About the Career Ladder

The Career Ladder currently only factors in up to 4000 hours of direct experience (approximately 2 years of full time work). Total number of self-reported years of experience will be highlighted on your Certificate of Achievement.

Both undergraduate and graduate levels of ECE college coursework will be factored in to your total number of ECE credits earned.

ECE college courses must be complete (i.e., a grade has been assigned) in order to be factored into level placement. Courses that are in progress at the time of application can be submitted upon your annual renewal with the Registry. Only courses with a grade of C or better will be counted.

The Career Ladder is specific to Early Childhood Education. In order for an individual with a degree in a field other than ECE to place on the Career Ladder at the level commensurate with his/her degree, he/she must submit college transcripts documenting at least 30 college credits in ECE or possess a state teaching license with an Early Childhood, Early Childhood Special Education, o-K or o-2 Special Endorsement; otherwise, he/she will be placed at the highest level supported by the documentation submitted.

## 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.

Note: Though you will not have an assigned level, you are considered to be in compliance with Child Care Licensing.

### Level

- 1.1 Initial 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