

OREGON REGISTRY TRAINER PROGRAM MASTER TRAINER APPLICATION INSTRUCTIONS

These instructions will assist you in completing the Oregon Registry Master Trainer application forms. If you require any additional information or assistance to complete these application forms, please call Dee Wetzel, Training and Education Coordinator for the Oregon Center for Career Development in Childhood Care and Education (OCCD) at 503-725-8564, or toll free 877-725-8535, or email occdtrainer@pdx.edu.

What is a Master Trainer?

Oregon Registry Master Trainers offer their own independently developed master training sessions for professionals who are achieving Steps 7.5 through 10 on the Oregon Registry. They develop their master training sessions using Set Two or Set Three standards in the Core Body of Knowledge. Master trainers may also offer community training sessions for professionals who are achieving Steps 1 through 7, using Set One standards. Master trainers may also conduct standardized training sessions if they are approved for the individual training curricula and have participated in the training of trainers for those specific standardized training sessions. Master trainers may offer train the trainer sessions.

Master Trainers may be independent contractors, or trainers affiliated with non-profit or for-profit organizations, training institutions such as child care resource and referral organizations, or with professional organizations. Master Trainers may be faculty members of private colleges, community colleges, and universities.

Persons may apply to be Oregon Registry Master Trainers at any time, using the following application forms.



MASTER TRAINER APPLICATION FORMS

There are two different options for application forms depending on the type of employment situation you currently have as trainer.

OPTION 1: If you are currently an independent trainer or are employed in a position that does not include responsibilities as a faculty member or a trainer, then please include the following forms:

- Enrollment Form
- Form A
- Form C

PLUS:

- Documentation of your qualifications
- Form E (two references needed)

OPTION 2: If you are currently employed as faculty in a community college, private college, or university, or in a position that includes responsibilities as a faculty member or trainer, you may be able to have your employer/supervisor conduct some of the review process and complete certain forms for you. Please include the following forms:

- Enrollment Form
- Form A
- Form C

PLUS:

- Form D

NOTE: *If you are requesting a Step in the Oregon Registry, you must also attach:*

- Documentation of your baccalaureate degree or higher in the field of childhood care and education

DETAILED INSTRUCTIONS FOR THE MASTER TRAINER APPLICATION FORMS

Enrollment Form

(All applicants complete this form)

The Enrollment Form is a simple data form upon which you provide contact information, a description of your title and work setting, and some demographic information.

Please note that the Enrollment Form has two pages.



Form A: Community & Master Trainer Application Form

(All applicants complete this form)

Instructions for form completion

Items 1 and 2: Please provide your name and your date of application.

Item 3: Check the box for **Master Trainer**.

Item 4: Check the counties in which you are willing to offer training sessions. If you are willing to travel statewide to offer training sessions, please check the first box (All counties/statewide).

Item 5: Indicate in which languages you are willing and able to offer your training sessions.

Item 6: Indicate whether or not you have completed the Oregon Registry Trainer Orientation as described in the Oregon Registry Trainer Orientation Instructions. The orientation is available for viewing on the OCCD website: pdx.edu/occd. It is also available as a CD-ROM or as a printed self-study document, which applicants may obtain by calling OCCD toll free at 877-725-8535.

If an applicant completes the orientation on-line, or by viewing a CD-ROM, or by reviewing the self-study document, the applicant must then complete and attach the orientation quiz to their application.

Item 7: As an Oregon Registry Trainer you will be automatically enrolled in the Oregon Registry. You may already have a step on the Oregon Registry. Indicate whether or not you wish to be assigned a step on the Oregon Registry. Information on the Oregon Registry is available at pdx.edu/occd.

By checking "Yes" on Form A, you will receive a step in the Oregon Registry. All you have to do is attach documentation of your completed baccalaureate or graduate degree in the field of childhood care and education from an accredited college or university.

We will do the following for you:

1. Determine the step that matches your highest education level, as documented by transcript of education in the field
2. Complete the paperwork for your Oregon Registry step
3. Waive the \$10 Oregon Registry application fee

Item 8: Indicate if you wish to subscribe to the OCCD Listserv, *Trainer Notes*.

Item 9: Indicate that you have read and will abide by the NAEYC Code of Ethical Conduct and Statement of Commitment and Supplement for Adult Educators. It may be viewed online at: naeyc.org/positionstatements/ethical_conduct.



Form C: Master Trainer Qualifications Form

(All applicants complete this form)

Instructions for form completion

To be a Master Trainer, one must be qualified in three areas: experience as a trainer; experience in the field; and education in the field.

- **Experience as a Trainer**

Please verify that you have:

- At least 20 hours of training that you have received in adult education and/or adult development

AND

- At least 60 hours of training that you have conducted within the past 5 years with positive evaluations from your participants or supervisor

- **Experience in the Field of Childhood Care and Education**

Please verify that you have had at least three years of experience in the profession, defined as at least 600 hours within a 12-month period. This may include work such as a teacher or caregiver of children, a director or administrator of a childhood care and education program, a family child care provider, a child care licensing specialist, a resource and referral program specialist, a college or university faculty member in childhood care and education programs, a high school teacher in a child development or teen parent program, and a Head Start teacher, assistant teacher, or program specialist.

- **Education in the Field of Childhood Care and Education**

Please check that you have achieved one of the following:

- Step 10 or higher on the Oregon Registry

OR

- A baccalaureate degree or higher in the field, such as early childhood education, child development, human development, elementary education, human ecology, family and consumer studies, child and family studies, special education from an accredited college or university



Documentation Options

(Applicants must select the appropriate option)

- **OPTION 1**

If you are currently an independent trainer or are employed in a position that does not include responsibilities as a faculty member, then please attach documentation of your qualifications as indicated on Form C.

1. For your experience as a trainer, please attach documentation of:
 - a. Training you have received in adult education or adult development, which may include training certificates or college/university transcripts;
AND
 - b. Training you have conducted, which may include dated rosters, contracts, brochures, conference programs, flyers, letters from employer or contracting agencies, and payroll authorization.
2. For your experience in the field, please attach documentation of at least three years of experience. The documentation could include contracts, tax forms, or letters from clients, employers or supervisors.
3. For your education in the field, please attach your Oregon Registry certificate or your college/university degree certificate or transcripts.

If you are providing documentation of your experience as a trainer, your experience in the field, and your education in the field, *you may skip Form D.*

You will need to submit two copies of **Form E: Professional Reference Form**. Form E is a professional reference form. Please have two individuals who have personal/professional knowledge of you and your skills and qualities as a trainer complete the form. Conflict of interest: To promote objectivity and credibility, an individual completing this form must not be related by blood or marriage or other legal relationship to the applicant.

- **OPTION 2**

If you are currently employed as faculty in a community college, private college, or university, or in a position that includes responsibilities as a faculty member or trainer, you may ask your employer or supervisor to complete **Form D: Employer/Supervisor Verification Form**. Please give to your employer or supervisor a copy of Form C and Form D with its accompanying instructions. After your employer or supervisor has completed Form D, attach Form D to your application.

If you attach Form D, you do not need to attach your documentation of your qualifications, nor do you need to submit Form E.



FINAL APPLICATION CHECKLIST FOR MASTER TRAINER APPLICANTS

OPTION 1

- Enrollment Form
- Form A
- Form C

PLUS:

- Documentation of your qualifications
- Form E (two references needed)

OPTION 2

- Enrollment Form
- Form A
- Form C

PLUS:

- Form D

NOTE: *If you are requesting a Step in the Oregon Registry, you must also attach:*

- Documentation of your baccalaureate degree or higher in the field of childhood care and education from an accredited college or university

Mail your Master Trainer Application to:

Portland State University – OCCD
PO Box 751
Portland, OR 97207-0751
ATTN: Trainer Application





OREGON REGISTRY TRAINER PROGRAM APPLICATION



Section 1: Individual Information

Last Name		First Name		Middle Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Former Name(s)		
Physical Address <input type="checkbox"/> I would like the Child Care Division to update my address on file for the Central Background Registry. My Registry number is: R _____ (street address, apt no)				
City	State	Zip Code	County of Residence	
Mailing Address (if different than above)				
City	State	Zip Code	City of Birth	
Home Phone No	Work Phone No	Fax No	Email Address	

Section 2: Optional Enrollment Information (Completing the information below is optional. It is collected in an effort to track our success in being inclusive of all populations)

Check below what racial/ethnic background best describes you. If you do not identify with any of the choices given, please check the *Other* box and list your preferred choice.

- | | | |
|---------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latino/Spanish | <input type="checkbox"/> White |
| <input type="checkbox"/> Other: (please list) _____ | | |

1. What is your primary language? _____
2. Do you speak any other language(s) in addition to your primary language? Yes No
If yes, please list any other language(s) that you speak fluently: _____
3. What language do you speak most often with the children that you work or volunteer with? _____

Section 3: Workforce Information

What is your Position(s)?

- | | | | |
|-------------------------------------------------|------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Director | <input type="checkbox"/> Multi-Site Coordinator | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Aide 1 | <input type="checkbox"/> Driver | <input type="checkbox"/> Nanny | <input type="checkbox"/> Teacher's Aide |
| <input type="checkbox"/> Aide 2 | <input type="checkbox"/> Executive Director | <input type="checkbox"/> Operator | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Assistant 1 | <input type="checkbox"/> Education Coordinator | <input type="checkbox"/> Provider | <input type="checkbox"/> Other (please list): _____ |
| <input type="checkbox"/> Assistant 2 | <input type="checkbox"/> Head Teacher | <input type="checkbox"/> Substitute Provider | |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Health/Mental Health Worker | | |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Manager | | |

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: _____
- PhD, EdD or other doctoral degree in: _____
- Other (please list degree and field of study): _____

Continued on back (signature required)



Section 4: Employment/Volunteer Information

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

- | | |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Child Care Resource & Referral | <input type="checkbox"/> Child Care Center/Preschool (for/not-for-profit child care and education) |
| <input type="checkbox"/> College or University | <input type="checkbox"/> Parent (eg Nanny) |
| <input type="checkbox"/> EI/ECSE | <input type="checkbox"/> Relief Nursery |
| <input type="checkbox"/> Head Start and/or OPK | <input type="checkbox"/> School District- Elementary or High School Education |
| <input type="checkbox"/> Health or Mental Health | <input type="checkbox"/> Family Child Care Provider (self-employed) |
| <input type="checkbox"/> Healthy Start | <input type="checkbox"/> State of Oregon Office of Child Care |
| <input type="checkbox"/> ODE/CACFP Sponsor | <input type="checkbox"/> Other (please list): _____ |

Name of Facility (list business name. If family child care, list provider's name)

Facility Phone No

Facility Physical Address (street address, apt no, city, state, zip)

Fax No

Mailing Address (if different than above)

County

Section 5: Childcare Facility Information (Complete this section if you work/volunteer with children)

1. Is the facility that you volunteer or work for licensed by the Office of Child Care?

- Yes No/Exempt Don't know

2. If yes, check the type of licensed child care facility you are associated with:

- Registered Family Child Care Home (RF) Certified Family Child Care Home (CF) Certified Child Care Center (CC)

3. If known, please list the facility's license number: _____

4. Check below what best describes your work setting:

- Child care center Child's own home
 Provider's home K-12 school building
 Other (please list): _____

5. Check below the maximum number of hours per day a child may attend the facility:

- Four hours or less More than four hours

6. Check below the maximum number of months in a year that a child may attend the facility:

- 0-4 months 5-9 months 10-12 months

7. What age groups of children do you work with (check all that apply)?

- Infant Preschool None of the above
 Toddler School-Age

Section 6: Enrollment Authorization

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 Oregon Office of Child Care, Oregon Early Learning Division, Oregon Center for Career Development (OCCD), 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.
- The posting of your contact information and certified sessions as part of trainer lists on the website of OCCD.

If you DO NOT want to have your contact information released for the purposes stated above, then you must notify OCCD in writing.

Applicant's Signature

Printed Name

Date



FORM A

COMMUNITY & MASTER TRAINER APPLICATION

1. Name: _____
Last
First
Middle
Former Name(s)
2. Application Date: _____
3. I am applying to be a:
- Community Trainer (*Add Form B*) Master Trainer (*Add Form C*)
4. **GEOGRAPHIC AVAILABILITY.** Which counties are you willing and able to train in?
- All counties/statewide
- | | | | |
|------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Baker | <input type="checkbox"/> Douglas | <input type="checkbox"/> Lake | <input type="checkbox"/> Sherman |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Gilliam | <input type="checkbox"/> Lane | <input type="checkbox"/> Tillamook |
| <input type="checkbox"/> Clackamas | <input type="checkbox"/> Grant | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Umatilla |
| <input type="checkbox"/> Clatsop | <input type="checkbox"/> Harney | <input type="checkbox"/> Linn | <input type="checkbox"/> Union |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Hood River | <input type="checkbox"/> Malheur | <input type="checkbox"/> Wallowa |
| <input type="checkbox"/> Coos | <input type="checkbox"/> Jackson | <input type="checkbox"/> Marion | <input type="checkbox"/> Wasco |
| <input type="checkbox"/> Crook | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Morrow | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Curry | <input type="checkbox"/> Josephine | <input type="checkbox"/> Multnomah | <input type="checkbox"/> Wheeler |
| <input type="checkbox"/> Deschutes | <input type="checkbox"/> Klamath | <input type="checkbox"/> Polk | <input type="checkbox"/> Yamhill |
5. I am willing and able to provide training in the following language(s):
- English Russian Vietnamese
 Chinese Spanish Other: _____
6. I have completed the Oregon Registry Trainer Orientation: Yes No
If Yes, please attach a copy of your orientation certificate(s) or a copy of your completed orientation quiz.
7. I wish to be reviewed for a step on the Oregon Registry: Yes No
8. **LISTSERV SUBSCRIPTION.** I wish to subscribe to the OCCD Listserv, "Trainer Notes." OCCD will use this electronic means of communication to distribute resources and information regarding professional development and adult development for trainers. (*A valid, working email address is required to subscribe to the Listserv.*)
- Yes No Email: _____
9. I attest that I have read the NAEYC Code of Ethical Conduct and Statement of Commitment and Supplement for Adult Educators (naeyc.org/positionstatements/ethical_conduct). I commit myself to the code's ideals and principles as the core values of our profession and as my work as an adult educator.

Applicant Signature

Date Signed


Form C Master Trainer Qualifications

Applicant Name: _____
Last First Middle Former Name(s)

An applicant to be a Master Trainer must be qualified in three areas: experience as a trainer, experience in the field, and education in the field.

Documentation does not need to be included if the completed Employer/Supervisor Verification Form D is attached.

Experience as a Trainer

- I have received at least 20 hours of training in adult education principles and strategies and/or in adult development and learning. I have attached documentation of the training I have received.
- AND -**
- I have conducted at least 60 hours of training within the past 5 years with documented positive evaluations from my participants or supervisors. I have attached documentation of my training experience.

<AND>

Experience in the Field of Childhood Care and Education

- I have at least three years of experience in childhood care and education. I have attached documentation of my professional experience.

<AND>

Education in the Field of Childhood Care and Education

Please verify **one** of the following:

- I have achieved Step 10 or higher in the Oregon Registry.
- OR -**
- I have received a baccalaureate degree or higher in the field of childhood care and education. I have attached a copy of my degree or transcript showing degree completion.



FORM D
EMPLOYER/SUPERVISOR VERIFICATION

INSTRUCTIONS

This applicant is applying to become an Oregon Registry Trainer. If approved, the applicant will provide training and education to childhood care and education professionals in Oregon.

If you currently employ the applicant as a trainer or faculty member, or in a position that includes responsibilities as a trainer, s/he can be approved through this alternative documentation process. This process is based upon verification by you, the employer/supervisor, of the applicant's qualifications (such positions could be as a community college or university instructor, adjunct faculty, child care resource and referral trainer, Head Start trainer, corporate child care trainer, etc.). You will also be verifying that you have documentation of the applicant's qualifications on file.

Completing the Employer/Supervisor Verification Form

- 1) Please write the applicant's name in the space provided on the form.
- 2) Please review the applicant's Trainer Qualification Form (Form C) to verify its accuracy.
- 3) On Item 1 of the Employer/Supervisor Verification Form, please check the boxes for the qualifications of which you have verifiable documentation and to which you can attest.
- 4) Complete Items 2 – 6.
- 5) Fill in your contact information, sign and date the form.
- 6) Return the form to the applicant.

If you need any additional information to complete the Employer/Supervisor Verification Form, please contact Dee Wetzel, Training & Education Coordinator, at the Oregon Center for Career Development in Childhood Care and Education (503-725-8564 or occdtrainer@pdx.edu).



Form D Employer/Supervisor Verification

Applicant Name: _____
Last First Middle Former Name(s)

1) I have reviewed the applicant's documentation and verify that the applicant has met the requirements as indicated on the Trainer Qualification Form:

Experience as a Trainer

- Has received at least 20 hours of training in adult education and/or adult development and learning
AND
- Has conducted at least 60 hours of training within the past 5 years with documented positive evaluations

Experience in the Field

- Has at least three years of experience in the field of childhood care and education

Education in the Field

- Has achieved an Oregon Registry Step (10 or higher): _____
OR
- Has received a baccalaureate degree or higher in the field of childhood care and education

Title of degree or certificate and major of study

Institution

2) I recommend this applicant as an Oregon Registry Trainer: Yes No

3) How long and in what capacity have you known the applicant?

4) The applicant is currently employed by me (or my organization). The applicant's position includes responsibilities as a trainer of adults. Yes No

5) In addition, I believe that the applicant has the following personal qualities and demonstrated skills:

- Sensitive and responsive to the ideas of others
- A strong commitment to professional ethics
- Respectful of differences in culture, language, personal background, and learning styles
- Committed to childhood care and education as a profession
- Skilled in planning & organizing training sessions, and in working with adults as learners

6) I agree to maintain the applicant's necessary documentation of the above qualifications on file for at least the duration of the applicant's employment.

Verification provided by:

Name: _____ Phone: _____

Title/Position: _____ Agency/Program: _____

Signature: _____ Date: _____

Please attach additional sheets of paper to provide any more information you think we should know about the applicant and his/her demonstrated skills and personal qualities as a trainer.

Thank You for providing this verification.



FORM E
TRAINER PROFESSIONAL REFERENCE

Applicant's Name: Last First Middle Former Name(s)

This applicant is applying to become an Oregon Registry Trainer. If selected, the applicant will provide training to professionals in the field of childhood care and education. Please answer the following questions, based upon your personal/professional knowledge of the applicant and their skills and qualities as a trainer.

The applicant is sensitive and responsive to the ideas of others.

- Strongly agree, Agree, Disagree, Strongly Disagree, Not Observed

The applicant has a strong commitment to professional ethics.

- Strongly agree, Agree, Disagree, Strongly Disagree, Not Observed

The applicant is respectful of differences in culture, language, personal background, and learning styles.

- Strongly agree, Agree, Disagree, Strongly Disagree, Not Observed

The applicant is committed to the field of childhood care and education as a profession.

- Strongly agree, Agree, Disagree, Strongly Disagree, Not Observed

The applicant is skilled in planning and organizing training sessions, and in working with adults as learners.

- Strongly agree, Agree, Disagree, Strongly Disagree, Not Observed

How long have you known the applicant?

What has been your professional relationship with the applicant?

Conflict of interest: To promote objectivity and credibility, an individual completing this form must not be related by blood or marriage or other legal relationship to the applicant.

I recommend this applicant/trainer as a trainer in the Oregon Registry Trainer Program.

- Yes, No

(Please use the back of this form or additional sheets of paper to provide any additional information you think we should know about the applicant and their demonstrated skills and personal qualities as a trainer.)

Reference Provided By:

Name Phone

Title/Position: Agency/Program

Signature Date

FORM E
TRAINER PROFESSIONAL REFERENCE

Applicant's Name: Last First Middle Former Name(s)

This applicant is applying to become an Oregon Registry Trainer. If selected, the applicant will provide training to professionals in the field of childhood care and education. Please answer the following questions, based upon your personal/professional knowledge of the applicant and their skills and qualities as a trainer.

The applicant is sensitive and responsive to the ideas of others.

- Strongly agree, Agree, Disagree, Strongly Disagree, Not Observed

The applicant has a strong commitment to professional ethics.

- Strongly agree, Agree, Disagree, Strongly Disagree, Not Observed

The applicant is respectful of differences in culture, language, personal background, and learning styles.

- Strongly agree, Agree, Disagree, Strongly Disagree, Not Observed

The applicant is committed to the field of childhood care and education as a profession.

- Strongly agree, Agree, Disagree, Strongly Disagree, Not Observed

The applicant is skilled in planning and organizing training sessions, and in working with adults as learners.

- Strongly agree, Agree, Disagree, Strongly Disagree, Not Observed

How long have you known the applicant?

What has been your professional relationship with the applicant?

Conflict of interest: To promote objectivity and credibility, an individual completing this form must not be related by blood or marriage or other legal relationship to the applicant.

I recommend this applicant/trainer as a trainer in the Oregon Registry Trainer Program.

- Yes, No

(Please use the back of this form or additional sheets of paper to provide any additional information you think we should know about the applicant and their demonstrated skills and personal qualities as a trainer.)

Reference Provided By:

Name Phone

Title/Position: Agency/Program

Signature Date