DHS ENHANCED RATE PROGRAM
Application Instructions

1. Complete the Oregon Registry Enrollment Form

2. Complete the DHS Enhanced Rate Program Training Form
   Review the Enhanced Rate Program training requirements and attach copies of your cards and certificates. You must complete each of these training sessions to be eligible for the DHS Enhanced Rate Program. Sign and date that you agree to keep your Infant & Child First Aid, Infant and Child cardiopulmonary resuscitation (CPR), and Food Handler’s Permit current. It is your responsibility to renew these trainings, as necessary, before they expire.

3. Send the Oregon Registry Enrollment Form, the DHS Enhanced Rate Program Training Form, and the copies of your training cards and certificates to the address below. You will be notified within 7 business days as to your status.

   Portland State University – OCCD
   Attn: ERP
   PO Box 751
   Portland OR 97207-0751

Questions?
   Contact OCCD by phone:
      Toll free - 1.877.725.8535; or 503.725.8535;
   Or email OCCD at:
      centerline@pdx.edu

What is the Oregon Registry?
The Oregon Registry is a voluntary, statewide program to document and recognize the professional achievements of people who work in the childhood care and education profession.

What does this mean for me?
When your eligibility is approved for the DHS Enhanced Rate program, you will also automatically be approved at Step 1 of the Oregon Registry. For more information, visit our website at www.centerline.pdx.edu, or call toll free 1.877.725.8535.

How do I get a higher step?
Complete an Oregon Registry Application and apply for a higher step. Step 3 and above requires additional training and education. You must submit a separate application for review and approval and a $10 fee. To receive a copy of the Oregon Registry Application Packet, visit www.centerline.pdx.edu, or call toll free 1.877.725.8535.

Thank you! The work you do is important!
ENROLLMENT FORM

You MUST complete items #1 – 6 for all applications

1. Name: ____________________________  ____________________________  ____________________________  ____________________________

2. Date of Birth (MM/DD/YYYY): __________ / __________  3. Last FIVE digits of your Social Security #: ______ - ______ ______ ______

4. Mailing Address: ____________________________  ____________________________  ____________________________  ____________________________

5. Primary Phone: (________)  Secondary Phone: (________)  Cell Phone: (________)  FAX: (________)

6. Check only ONE and follow the directions provided:

☐ I have not filled out items #7 – 15, or I need to update some of the information in items #7 – 15. Please continue and complete items #7 – 17.

☐ I have already completed items #7 – 15, and I have no changes to report. Go directly to items #16 & #17.

7. Email Address: ____________________________

8. Place of Employment:

If Self-employed, please provide business name

9. Position/Title: ____________________________

10. What is your Child Care Division licensing status? (Required: Check only ONE):

☐ Registered Family Child Care  ☐ Licensed Center-Based Child Care Program Staff

☐ Certified Family Child Care  ☐ Exempt Center-Based Child Care or Preschool Staff

☐ Exempt Family Child Care  ☐ None of the above

11. Of the following, which settings do you work in? What job(s) do you have? (Required: Check all that apply):

☐ Family Child Care  ☐ In a Child’s Home (i.e. Nanny)

☐ Center-Based Care  ☐ Child Care Resource and Referral Program Staff

☐ School Age Care Program (before/after school) Staff  ☐ State Agency Staff

☐ Head Start or Oregon Pre-K Head Start Program Staff  ☐ Family Support Services

☐ High School Teen Parent & Child Development Program Staff  ☐ 2 or 4 Year Higher Education Early Childhood Education Program Staff

☐ Early Intervention/Early Childhood Special Education Program Staff  ☐ Trainer

☐ Elementary Grades K-4 Staff  ☐ Private Consultant

☐ Family Member or Friend of Family Providing Care  ☐ Other (e.g. Librarian, Mentor, etc.):

The next three items #12 – 14 are optional. We use this information to track our success in being inclusive of all populations.

12. What ONE racial/ethnic heritage BEST describes you? Please feel free to write in another word to describe your ethnic or cultural identity if your first choice is not listed.

☐ White/non-Hispanic/non-Latino  ☐ American Indian/Alaskan Native

☐ White/Hispanic/Latino  ☐ Asian/Pacific Islander

☐ Black/non-Hispanic/non-Latino  ☐ Other: ____________________________

☐ Black/Hispanic/Latino

13. What is your primary language? ____________________________  Do you speak any other language(s) in addition to your primary language? ☐ Yes ☐ No

If “YES”, what other language(s) do you speak? ____________________________

14. Gender ☐ Female ☐ Male
15. **EDUCATIONAL BACKGROUND** *(Required: Please check all that apply):*

- [ ] Oregon Registry Step: __________
- [ ] Less than a high school diploma
- [ ] High school diploma Year: __________
- [ ] General Educational Development (GED) Year: __________
- [ ] Child Development Associate (CDA) Year: __________
- [ ] Certificate from college, school or professional association, in: __________ Year: __________
- [ ] AA, AS, AAS or other 2-year college degree in: __________ Year: __________
- [ ] BA, BS or other 4-year college degree in: __________ Year: __________
- [ ] MA, MS, Med or other Master's degree in: __________ Year: __________
- [ ] PhD, EdD or other doctoral degree in: __________ Year: __________
- [ ] Other – Please specify degree and field of study: __________ Year: __________

16. **CONFIDENTIALITY**

- The Oregon Center for Career Development in Childhood Care and Education (OCCD) will not, under any circumstances, release the following individual information as public information: Ethnicity, Gender, Full Social Security Number.
- OCCD may share necessary individual information with the Department of Human Services (DHS) for the specific purpose of operating the Enhanced Rate Program (ERP).
- OCCD may grant access to individual directory information (i.e. name, address, county, phone, email) as public information to screened and appropriate professional partners in the field of childhood care and education.
- OCCD may grant access to individual program status information (i.e. Oregon Registry Program Step, pathway, degree, credential, certificate; and Oregon Registry Trainer Program Certification type, training counties, training languages, training sessions) as public information to screened and appropriate professional partners in the field of childhood care and education.
- If you DO NOT want to have your individual directory information or individual program status information release for these purposes, then you must notify OCCD in writing.
- You may request that OCCD grant additional access to your individual application or participation details for the Oregon Registry, Oregon Registry Trainer Program, or John and Betty Gray Scholarship Program. You may wish to grant this access for specific individuals such as your mentor, your supervisor, or others. You may wish them to have access to such things as the status of your application (i.e. reviewed, tabled, denied, approved), details regarding your training and education, steps you may need to take to receive approval, etc. If you wish others to have access to this individual application or participation status information, then you must notify OCCD in writing.

17. **ACCOUNTABILITY STATEMENT** *(Signature required)*

I have reviewed the information I have provided to the Oregon Center for Career Development in Childhood Care and Education (OCCD), and attest that, to the best of my knowledge, it is true and accurate. I agree to notify OCCD of any updates or changes to my information as they occur (e.g. change of address, name change, etc.).

Signature __________________________ Date signed __________________________

Printed Name __________________________

Thank you. Your enrollment form is now complete. Please send your completed form to:

Portland State University – OCCD
PO Box 751
Portland OR 97207-0751

...and you will be enrolled in the Oregon Registry as an active professional in the field of childhood care and education.

Visit our website (www.centerline.pdx.edu), or call us toll free at 1-877-725-8535 for more information about the Oregon Registry, the Oregon Registry Trainer Program, Sponsoring organizations, or the Statewide John and Betty Gray Scholarship Program.
DHS ENHANCED RATE PROGRAM TRAINING FORM

IMPORTANT: YOU MUST INCLUDE THE OREGON REGISTRY ENROLLMENT FORM

1. Name: _______________________________  _______________________________  _______________________________
   Last            First            Middle

2. TRAINING AND EDUCATION: All of the training sessions listed below are requirements for eligibility in the DHS Enhanced Rate Program for new applicants. You must attach copies of your certificates. Do not send originals.

   Required Training
   □ Infant and Child First Aid  Date Completed: __________
   □ Infant and Child CPR  Date Completed: __________
   □ Food Handler’s Permit  Date Completed: __________
   □ Recognizing and Reporting Child Abuse and Neglect  Date Completed: __________

3. TRAINING AGREEMENT: I understand that to maintain my Enhanced Rate Program eligibility I must keep my Infant & Child First Aid, Infant and Child CPR, and Food Handler’s card current.

   _______________________________  _______________________________
   Signature                  Date

   Oregon Center for Career Development in Childhood Care & Education • 1-877-725-8535
   Portland State University • PO Box 751 • Portland OR 97207-0751 • www.centerline.pdx.edu
   Rev. 12/19/2008