

OREGON REGISTRY TRAINER PROGRAM

SPECIALTY COMMUNITY TRAINER APPLICATION INSTRUCTIONS

These instructions will assist you in completing the Oregon Registry Specialty Community 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 Specialty Community Trainer?

Specialty Community Trainers may be professionals in their fields of expertise who have knowledge to share with professionals in the field of childhood care and education. They may be affiliated with non-profit or for-profit organizations, training institutions, or professional organizations.

Specialty Community Trainers offer their own independently developed training sessions for professionals who are achieving Steps 1 through 7 on the Oregon Registry. They develop their training sessions using Set One standards in the Core Body of Knowledge. Specialty Community 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.

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



**DETAILED INSTRUCTIONS FOR THE
COMMUNITY TRAINER APPLICATION FORMS**

Enrollment Form

Instructions for form completion. *Please note this form has two pages.*

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.

Form SA: Specialty Community & Master Trainer Application Form

Instructions for form completion

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

Item 3: Check the box for **Specialty Community 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 printed self-study document, which applicants may obtain by calling OCCD toll free at 877-725-8535.

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

Item 7: Indicate if you wish to subscribe to the OCCD Listserv, *Trainer Notes*.

Item 8: 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 SB: Specialty Community Trainer Qualifications Form

Instructions for form completion. *Please note this form has two pages.*

To be a Specialty Community Trainer, one must be qualified in three areas: experience as a trainer; experience in your field of expertise; and education in your field of expertise.

- **Experience as a Trainer**

Please check one of the three options:

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

OR

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

OR

- Participation in a co-training or relationship with a mentor as a trainer

- **Experience in the Field of Expertise**

Please verify that you have had at least three years of experience in your field, defined as at 600 hours within each calendar year from January through December. This may include work within your profession, as a college or university faculty member, or as a high school teacher.

- **Education in the Field of Expertise**

- A credential, college certificate or a college or university degree in your field of expertise. College or university degrees must be from an accredited institution.

- **Training/Education in Selected Core Knowledge Categories**

Review the 10 Core Knowledge Categories from the Core Body of Knowledge for Oregon's Childhood Care and Education Professionals. Determine the Core Knowledge Categories that match your interest and expertise.



Documentation to Support Experience and Training/Education

1. For your **experience as a trainer**, please attach documentation of:
 - At least 20 hours of training you have received in adult education or adult development, which may include training certificates or college/university transcripts;

OR

 - At least 60 hours of training you have conducted within the past 5 years, which may include dated rosters, contracts, brochures, conference programs, flyers, letters from employer or contracting agencies, and payroll authorization, along with documentation of positive participant evaluations;

OR

 - If you are in mentoring relationship as a trainer, please include the name of your mentor and her or his telephone number.
2. For your **experience in your field of expertise**, 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 your field of expertise**, please attach your college/university degree certificate or transcripts.
4. For your **training/education in selected core knowledge categories**, please attach documentation of at least 60 clock hours of related training/education you have received in each selected core knowledge category. This may be community-based training, college or university coursework, continuing education credits, or other in-service or pre-service training. You may attach transcripts, certificates of attendance, or other documentation of your participation in this related training. To convert college or university coursework into clock hours of training, determine whether the institution offers "quarter credits" or "semester credits". If the institution offers quarter credits, the ratio of clock hours to credits is 10 clock hours per credit. If the institution offers semester credits, the ratio of clock hours to credits is 15 clock hours per credit.

Alternatively, if your degree has a direct connection to your selected core knowledge category/categories, a copy of your diploma is sufficient documentation. For examples:

- A Master of Business Administration (MBA) may offer training in the core knowledge category of Program Management.
- A pediatrician may offer training in Human Growth & Development and Health, Safety & Nutrition.
- A speech & hearing specialist may offer training in Special Needs.
- A Master of Social Work (MSW) may offer training in Families & Community Systems and Understanding & Guiding Behavior.
- Others will be considered.



Form SE: Professional Reference Form

Instructions for form completion. *Two references are needed.*

Form SE 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.

FINAL APPLICATION CHECKLIST FOR SPECIALTY COMMUNITY TRAINER APPLICANTS

- Enrollment Form
- Form SA
- Form SB
- PLUS:*
- Documentation of your qualifications
- Form SE (two references needed)

Mail your Specialty Community 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 SA
SPECIALTY COMMUNITY & MASTER TRAINER APPLICATION

1. Name: _____
Last
First
Middle
Former Name(s)

2. Application Date: _____

3. I am applying to be a:

- Specialty Community Trainer (*Add Form SB*) Specialty Master Trainer (*Add Form SC*)

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 completed orientation quiz.

7. **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: _____

8. 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 SB
SPECIALTY COMMUNITY TRAINER QUALIFICATIONS

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

An applicant to be a Specialty Community Trainer must be qualified in three areas: experience as a trainer; experience in the field of expertise; and education in the field of expertise.

Experience as a Trainer

Please verify **one** of the following:

- 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.*

- OR -

- 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.*

- OR -

- I am participating in a co-teaching, co-training, and/or mentoring relationship in working with adult learners.

My co-trainer or mentor is: _____
Name Phone Number

◀ AND ▶

Experience in the Field of Expertise

- I have at least three years of experience in my field of expertise.
 - I have attached documentation of my professional experience.*

◀ AND ▶

Education in the Field of Expertise

Please check **one** of the following:

- I have relevant certification, licensure or credential in my field of expertise.
 - I have attached documentation of my education.*

- OR -

- I have a college or university degree in my field of expertise.
 - I have attached documentation of my education. This may include:*
 - Copy of 1 year college certificate
 - College or university degree/transcript showing degree completion in field of expertise.

Please continue on next page of Form SB



Training/Education in Selected Core Knowledge Categories

I am applying to be a Specialty Trainer in the following Core Knowledge Categories:

- Diversity:** *Knowledge of differences in race, gender, ability, age, language, family composition, culture, ethnicity, socio-economic status, and/or religion. Weaving anti-bias awareness throughout all program activities and learning environments for children and youth.*
- Families & Community Systems:** *Knowledge of the complex characteristics of children's families and communities. Establishing respectful relationships and communication with family and community members.*
- Health, Safety & Nutrition:** *Knowledge of basic health, safety, and nutrition principles and practices. Knowledge of child abuse and neglect prevention, identification, reporting procedures, and therapeutic care. Promoting healthy choices and safety awareness with children and youth.*
- Human Growth & Development:** *Knowledge of social, emotional, cognitive and physical growth and development. Using developmentally appropriate practices and principles in programs for children and youth.*
- Learning Environments & Curriculum:** *Knowledge of the relationship between physical space, activities, experiences, and materials with child behavior, growth and development. Creating developmentally appropriate and culturally appropriate learning environments and curricula to foster optimum growth and development of children and youth.*
- Observation & Assessment:** *Knowledge of observation techniques, assessment tools, and documentation procedures for children and youth. Using observation and assessment to individualize learning experiences, improve the effectiveness of the learning environment, and support referrals for specialized services.*
- Personal, Professional & Leadership Development:** *Knowledge of childhood care and education as a profession with an identified body of knowledge, professional standards, professional ethics, and established systems. Participating in leadership, advocacy, personal growth, and professional development activities.*
- Program Management:** *Knowledge of accepted business practices, legal and regulatory requirements, financial obligations, and record keeping. Developing or implementing program policies, communication strategies, management plans, and sound financial practices.*
- Special Needs:** *Knowledge of disabilities and other special needs, related resources, and regulations/laws. Implementing an inclusive and sensitive practice with children and youth in partnership with families.*
- Understanding & Guiding Behavior:** *Knowledge of developmentally appropriate and culturally appropriate guidance theories, principles and practices. Providing positive guidance to foster self-esteem, self-regulation, constructive behavior, and positive relationships for children and youth.*
- I have attached documentation of 60 clock hours of training for each core knowledge category that I have checked.*



FORM SE
SPECIALTY TRAINER PROFESSIONAL REFERENCE

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

This applicant is applying to become an **Oregon Registry Specialty 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 training in the field of childhood care and education.

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 as a Specialty 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 SE

SPECIALTY TRAINER PROFESSIONAL REFERENCE

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

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I recommend this applicant as a Specialty 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

