



Practitioner Application

Personal Information* (please print)				Office Use Only	
Full Name: (Last, First, MI)				Today's Date:	
*PBCC Student ID Number		*Social Security Number: (last five digits only)		Date of Birth:	
Home Address:			Apt:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
City:		State:	Zip:	County:	
Home Phone:		Other Phone:	Personal Email:		Work Email:
<u>Racial/Ethnic Background (for demographic information only):</u>			<u>Primary Language:</u>		<u>Secondary Language: (Reading and Writing Proficient)</u>
<input type="checkbox"/> <u>Native American</u> <input type="checkbox"/> <u>Asian</u> <input type="checkbox"/> <u>African American</u> <input type="checkbox"/> <u>Haitian/Caribbean Islander</u>			<input type="checkbox"/> <u>English</u> <input type="checkbox"/> <u>Spanish</u> <input type="checkbox"/> <u>Creole</u> <input type="checkbox"/> <u>French</u> <input type="checkbox"/> <u>Portuguese</u> <input type="checkbox"/> <u>Kanjobal</u> <input type="checkbox"/> <u>Other:</u> _____		<input type="checkbox"/> <u>English</u> <input type="checkbox"/> <u>Spanish</u> <input type="checkbox"/> <u>Creole</u> <input type="checkbox"/> <u>French</u> <input type="checkbox"/> <u>Portuguese</u> <input type="checkbox"/> <u>Kanjobal</u> <input type="checkbox"/> <u>Other:</u> _____
<input type="checkbox"/> <u>Guatemalan Mavan</u>					
<input type="checkbox"/> <u>Hispanic</u>					
<input type="checkbox"/> <u>Caucasian</u>					
<input type="checkbox"/> <u>Other:</u> _____					
<u>Current Employment Information</u>					
Place of Employment:					
Address:				Work Phone:	
City:		State:		Zip:	County:
<u>Program Type: (Choose One)</u>					
<input type="checkbox"/> Child Care Center <input type="checkbox"/> FCCH <input type="checkbox"/> School-Based Site <input type="checkbox"/> ECCI site <input type="checkbox"/> VPK <input type="checkbox"/> School-age <input type="checkbox"/> Head Start/Early Head Start					
QIS Site?: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<u>Current Position Information</u>					
<u>Title:</u>			<u>Ages of children you're working with:</u>		
<u>Primary Position: Select one (1)</u>			<u>Primary Group (20 hrs. or more per/week): Select one (1)</u>		
<input type="checkbox"/> Director <input type="checkbox"/> Assistant Director <input type="checkbox"/> Education Coordinator/Curriculum Specialist <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Associate Teacher/ELA <input type="checkbox"/> Floater <input type="checkbox"/> Non-instructional <input type="checkbox"/> FCCH Provider			<input type="checkbox"/> Infants (0 – 12 months) <input type="checkbox"/> Toddlers (13 – 24 months) <input type="checkbox"/> 2 – 3-year-olds (24 – 36 months) <input type="checkbox"/> Pre-School (3- to 4-year olds) <input type="checkbox"/> VPK / Pre-K (4- to 5-year olds) <input type="checkbox"/> School Age <input type="checkbox"/> Not direct care		
<input type="checkbox"/> FCCH Sub					
<u>Employment Start Date at this site:</u>			<input type="checkbox"/> Part Time (20 or fewer hours per week) <input type="checkbox"/> Full Time (more than 20 hours per week)		

Employment History –

Please list previous **Early Childhood Care & Education only for the past 2 years** (attach additional pages if necessary)

Name of Employer	Address	Position & Age Group	Start (mm/dd/yr)	End (mm/dd/yr)
Phone: ()				
Name of Employer				
Phone: ()				

Education and Training Information:

For each attached document, (Copies of certificates, degrees, diplomas, transcripts), please check the appropriate box.

<p>High School:</p> <p><input type="checkbox"/> High School Diploma</p> <p>Date _____</p> <p><input type="checkbox"/> GED</p> <p>Date _____</p> <p>Is your high school diploma:</p> <p><input type="checkbox"/> U.S. <input type="checkbox"/> Foreign</p> <p><input type="checkbox"/> None</p> <p>Director Credential:</p> <p><input type="checkbox"/> Foundation (Level I)</p> <p><input type="checkbox"/> Advanced (Level II)</p>	<p>Childcare Certification: (prior to 8/1/06-check all that apply)</p> <p><input type="checkbox"/> 30-hour Family Child Care Home</p> <p><input type="checkbox"/> 20-hour Intro to Child Care (centers)</p> <p><input type="checkbox"/> 10 Hour: Behavioral Obs. & Screening</p> <p><input type="checkbox"/> 10 Hour: Special Needs App. Practices</p> <p><input type="checkbox"/> 10 Hour: I/T App. Practices</p> <p><input type="checkbox"/> 10 Hour: Preschool App. Practices</p> <p><input type="checkbox"/> 10 Hour: School Age App. Practices</p> <p>Childcare Certification: (after 8/1/06-check all that apply)</p> <p><input type="checkbox"/> 6-hour Rules & Regs - Family Child Care Home</p> <p><input type="checkbox"/> 6-hour Rules & Regs - Child Care Center</p> <p><input type="checkbox"/> 6-hour Rules & Regs - School Age</p> <p><input type="checkbox"/> 4-hour Child Abuse & Neglect</p> <p><input type="checkbox"/> 8-hour Health, Safety & Nutrition</p> <p><input type="checkbox"/> 6-hour Child Growth & Development</p> <p><input type="checkbox"/> 6-hour Behavioral Observation & Screening</p> <p><input type="checkbox"/> 20-hour Curriculum for School Age Programs</p> <p><input type="checkbox"/> 5-Hour Early Literacy</p> <p><input type="checkbox"/> 5-Hour Basic Guidance & Discipline</p> <p><input type="checkbox"/> 5-Hour Computer Technology in Child Care</p> <p><input type="checkbox"/> 3-Hour Fundamentals in Child Care (FCC)</p> <p><input type="checkbox"/> Emergent Literacy for VPK</p> <p><input type="checkbox"/> Early Childhood Computer Learning Centers</p> <p><input type="checkbox"/> None</p> <p>Other</p> <p><input type="checkbox"/> Other Trainings (for the past 2 years and at least 2 hours in length)</p> <p><input type="checkbox"/> College Transcripts</p>	<p>Child Development Associate (CDA):</p> <p><input type="checkbox"/> National</p> <p>Date Issued: _____</p> <p><input type="checkbox"/> National Renewal Date: _____</p> <p><input type="checkbox"/> Florida CDA-E (FCCPC)</p> <p>Date Issued: _____</p> <p><input type="checkbox"/> Florida CDA-E (FCCPC) Renewal Date: _____</p> <p><input type="checkbox"/> CDA Waiver (Form 5206) (Staff Credential)</p> <p>Date Issued: _____</p> <p><input type="checkbox"/> School Age Certificate</p> <p>Date Issued: _____</p>
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<p>College Information:</p> <p>Please check the box and circle the correct degree</p> <p><input type="checkbox"/> College Credit Certificate</p> <p><input type="checkbox"/> A.A. / A.S. / A.A.S.</p> <p><input type="checkbox"/> B.A. / B.S.</p> <p><input type="checkbox"/> M.A. / M.S.</p> <p><input type="checkbox"/> Doctorate</p>	<p>Major:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Date Degree Received</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>Courses Towards Advanced Director Credential please attach documentation - copy of transcript):</p> <p><input type="checkbox"/> EEC 1523 Overview of Childcare Center Management</p> <p><input type="checkbox"/> EEC 2002 Organizational & Leadership Management</p> <p><input type="checkbox"/> EEC 2202 CC Programming</p> <p><input type="checkbox"/> EEC 2521 Financial & Legal Issues</p>	<p>PBCC College Credit Track or Specialty Track completed (please attach documentation - copy of transcript):</p> <p><input type="checkbox"/> High/Scope</p> <p><input type="checkbox"/> Montessori</p> <p><input type="checkbox"/> Child Care Center Management</p> <p><input type="checkbox"/> Infant/Toddler</p> <p><input type="checkbox"/> Preschool</p> <p><input type="checkbox"/> School Age</p>
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Financial Aid or Awards Information:

Financial Aid: (check all that apply within the past five years)

- SEEK TEACH
 PRO
 PrimeTime
 Pell

Educational Incentive Awards:

Have you received a SEEK Education Incentive Award?
 Yes No

WAGES Salary Supplement:

Are you currently receiving WAGES? Yes No
 What level?
 Have you ever received WAGES ? Yes No

Professional Activities: Please check any applicable activities and attach documentation.

<u>Activity</u>	<u>Activity</u>
<input type="checkbox"/> Membership in recognized EC Organization (NAEYC, NBCDI, SECA, etc.) Attach copy of current membership card	<input type="checkbox"/> Presenter of 1 local child care workshop (2 Hour minimum) Attach copy of workshop outline
<input type="checkbox"/> Officer in a recognized EC Organization Attach supporting document such as a list of officers for current year	<input type="checkbox"/> Instructor of a 3 credit ECE course (Accredited college or university) Attach copy of catalog or course documentation
<input type="checkbox"/> Author of a published article related to early childhood National/International Journal State Journal Local Publication Attach copy of publication	<input type="checkbox"/> Instructor of a non-credit course (ECE Related) or 20-hour course. Attach copy of catalog or course documentation
<input type="checkbox"/> Presenter at a state / national / international ECE conference Attach copy of conference program	<input type="checkbox"/> Instructor of a non-credit ECE-related 10-hour course. Attach copy of catalog or course documentation

I attest that the information on this form is accurate to the best of my knowledge.

<u>Applicant's Name (PRINT):</u>	<u>Signature:</u>	<u>Date:</u>
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Before Mailing Check List:

- Application Completed
 All documentation Enclosed
 Application Signed
 Questions? Please call us at (561) 868-3671 or (561) 868-3664 or 561-868-3965 or visit us at www.pbcregistry.org or email us at ecregistry@palmbeachstate.edu.

* Applicants' information is confidential within the QIS system and will not be disclosed to outside entities.

* All information obtained is held in a secure database with no public access.

Revision date: 1/14/2010

Return to: PBC Early Childhood Registry
 812 Fern Street, West Palm Beach, FL 33401

