



Practitioner Application

Personal Information* (PLEASE PRINT LEGIBLY)				Office Use Only
Full Name: (Last, First, Middle Initial):			Today's Date:	
Palm Beach State College Student ID Number : <input type="checkbox"/> N/A (I don't have one)		Social Security Number: <u>(last five digits only)</u>		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:		
Racial/Ethnic Background: <u>(for demographic information only)</u>		Primary Language: <u>(Reading and Writing Proficient)</u>		Secondary Language:
<input type="checkbox"/> <u>Native American</u> <input type="checkbox"/> <u>Guatemalan Mayan</u> <input type="checkbox"/> <u>Asian</u> <input type="checkbox"/> <u>Hispanic</u> <input type="checkbox"/> <u>African American</u> <input type="checkbox"/> <u>Caucasian</u> <input type="checkbox"/> <u>Haitian/Caribbean Islander</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>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> _____
Current Employment Information				
Place of Employment:				
Employment Start Date:		<input type="checkbox"/> Part Time (20 or fewer hours per week) <input type="checkbox"/> Full Time (more than 20 hours per week)		
Address:			Work Phone:	
City:	State:	Zip:	County:	
Program Type:				
<input type="checkbox"/> Child Care Center <input type="checkbox"/> FCCH <input type="checkbox"/> Palm Beach County School Based <input type="checkbox"/> School Age <input type="checkbox"/> Afterschool <input type="checkbox"/> Head Start				
Current Position Information				
Primary Position:		Ages of children you are PRIMARILY working with:		
<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 <input type="checkbox"/> Floater <input type="checkbox"/> Non-Instructional <input type="checkbox"/> FCCH Provider <input type="checkbox"/> FCCH Substitute		<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		

Employment History

Please list previous Early Childhood Care & Education employment occurring within the last 2 years

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

Education and Training Information

Please attach supporting documentation for all boxes checked (supporting documentation = copies of certificates, degrees, diplomas, and/or transcripts) Please note: For DCF training/certifications/credentials please attach the DCF transcript only – Individual DCF certificates will not be accepted.

<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"/> No HS Diploma/GED</p> <p>Director Credential:</p> <p><input type="checkbox"/> Foundation (Level I)</p> <p><input type="checkbox"/> Advanced (Level II)</p>	<p>DCF Childcare Certification: (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>DCF Childcare Certification: (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"/> Other 5-Hour Literacy Training/Course used to meet DCF requirement</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"/> FCCPC /ECPC</p> <p>Date Issued: _____</p> <p><input type="checkbox"/> FCCPC/ECPC Renewal Date: _____</p> <p><input type="checkbox"/> Staff Credential</p> <p>Date Issued: _____</p> <p><input type="checkbox"/> School Age Certificate</p> <p>Date Issued: _____</p> <p>Other Training/Credentials:</p> <p><input type="checkbox"/> Other Training/Certifications/Credentials</p> <p><input type="checkbox"/> College Transcripts</p> <p><input type="checkbox"/> Professional Educator Certificate</p>
--	---	---

College Information: Please check the appropriate degree type	Major:	Date Degree Received
<input type="checkbox"/> College Credit Certificate <input type="checkbox"/> A.A. / A.S. / A.A.S. <input type="checkbox"/> B.A. / B.S. <input type="checkbox"/> M.A. / M.S. <input type="checkbox"/> Doctorate	_____ _____ _____ _____	_____ _____ _____ _____

Professional Activities

Please check any applicable activities and attach supporting documentation

Activity	Activity
<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 documentation such as an official list of officers for current year	<input type="checkbox"/> Instructor of a 3 credit ECE course (Regionally accredited college or university) Attach copy of catalog or course documentation
<input type="checkbox"/> Author of a published article in a National/International Journal, State Journal or Local Publication related to early childhood Attach copy of publication	<input type="checkbox"/> Instructor of a non-credit DCF course at a regionally accredited college or university 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 course. Attach copy of catalog or course documentation

I attest that the information on this form is accurate to the best of my knowledge. I understand that by signing and submitting this application I agree to update the Registry with any and all changes to my personal status from the information contained in this original application submission. **Required updates include but are not limited to:** changes in legal name, changes in contact information, changes in position title, work status or employer, updates to professional development including classes and/or training completed, updates to credentials and updates of all degrees and credit coursework completed. I understand that if I fail to update my Registry record at least once each year that I will be placed into inactive status until such time that I submit an update. Furthermore, I understand that I will be placed into inactive status if I do not maintain current employment in an Early Childhood program.

<u>Applicant's Name (PRINT):</u>	<u>Signature:</u>	<u>Date:</u>
----------------------------------	-------------------	--------------

Check List Before Sending:

- Application Completed
- All Documentation Enclosed
- Application Signed
- Questions? Please call us at (561) 868-3671 or 561-868-3965 or visit us at www.pbcregistry.org or email us at ecregistry@palmbeachstate.edu. You can also fax your information to (561) 868-7042

* Applicants' information is confidential within the Quality Counts system and will not be disclosed to outside entities. All information obtained is held in a secure database with no public access.

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

Funded by Children's Services Council/
Administered by Palm Beach State College