

THE NJ REGISTRY FOR CHILDHOOD PROFESSIONALS GENERAL APPLICATION

SECTION 1 PERSONAL INFORMATION

Today's Date: _____ NJ Registry # _____

Status: New Applicant Renewal Change/Update Information

I am also applying for (if applicable): Group Teacher Approval Head Teacher Approval
 School-age Program Supervisor Approval (SAPS)

If you are applying for School-age Program Supervisor approval, how many children is your center licensed for? _____

Name: _____
First M.I. Last Former Name (if applicable)

SSN: _____ Mail documents to: Home Work

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Daytime Phone: () _____

Optional Research Information:

Sex: Male Female

Salary: _____/hour

Race: American Indian or Alaska Native
 Asian Black/African American
 Hispanic/Latino
 Native Hawaiian/Other Pacific Islander
 White

Benefits offered through employment:
 Medical Life Ins.
 Dental Child Care
 Retirement Discount
 Paid Prof Development Time
 Other _____

Age Range: 14-17 18-29
 30-45 46-65
 over 65

Language(s) spoken other than
English: _____

Unless you request in writing, your name and other information may be released to organizations offering professional development opportunities (i.e., conferences, seminars) and for research purposes. Personal information will **not** be released for marketing purposes.

*The NJ Registry for Childhood Professionals is maintained in the office of the Clearinghouse,
at the New Jersey Professional Development Center for Early Care and Education
at Kean University in Union, NJ.*

October 2006

**SECTION 2a
CURRENT EMPLOYMENT**

Current Employer:	Are you self-employed? (circle one) Yes No
Center License # or Registered Family Child Care Provider # (if available):	
If a center, number of children you are licensed for:	
Facility Name (if different):	
Street Address:	
Mailing Address (if different):	
City:	State: Zip Code:

Type of Setting (**check primary setting**):

- Center-based/nursery school/Head Start/Early Head Start
- Early Intervention/Early Childhood Special Education
- Family Child Care
- High School child development/teen parent program
- Higher Education/other professional development organization
- NJ State Agency
- Out-of-School-Time program or organization
- Public, Private, or Charter School
- Resource and Referral Agency/Unified Child Care Agency
- Independent Consulting Business
- Other: _____

**SECTION 2b
CURRENT EMPLOYEE INFORMATION**

Date of Hire (mm/dd/yyyy): ____/____/_____	
Number of hours worked per week (30+ hours is considered full-time):	
Age groups you work with (check all that apply):	
<input type="checkbox"/> Infants and Toddlers (birth to 3 years) <input type="checkbox"/> Preschool (3 to 5 years) <input type="checkbox"/> School-age (5 to 13 years) <input type="checkbox"/> Mixed ages of children <input type="checkbox"/> Adults <input type="checkbox"/> Families	
Check the item which best describes your current job duties:	
<input type="checkbox"/> Child Care Center/School-age Director <input type="checkbox"/> Head Teacher <input type="checkbox"/> Group Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Family Worker <input type="checkbox"/> Primary School Teacher	<input type="checkbox"/> School-age Supervisor <input type="checkbox"/> Family Child Care Provider <input type="checkbox"/> Assistant Family Child Care Provider <input type="checkbox"/> Instructor of Adults <input type="checkbox"/> Other: _____

**SECTION 2c
WORK EXPERIENCE**

List your experience in family child care, licensed center-based child care, out-of-school-time care, public or private school employment, Resource and Referral Agency employment, training/consulting, and college or university settings, starting with the most recent. **Attach additional sheets if necessary. You may also provide an updated resume with dates in month/day/year format.**

Position (Early Childhood Related) (Please write in job title - refer to list in Section 2b if necessary)	Program/Address/ City (Please list all three)	From (date) mm/dd/yy	To (date) mm/dd/yy	Age Group Served

Total years and months in the field: For NJPDCECE use only		
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**SECTION 3
DIRECTOR'S SIGNATURE (for child care center staff only)**

If you work in a center-based program, your director's signature is required:

I verify that my employee (print name) _____ received required staff orientation on (date) _____ (see Manual of Requirements for Child Care Centers State of New Jersey, Division of Youth and Family Services, Bureau of Licensing, Department of Youth and Family Services, 10:122-4.7).

Director's Signature: _____ Date: _____

Director's signature in this section is for *NJ Registry* verification of training only.
This application will not be examined by the Office of Licensing.

**SECTION 4
COMMUNITY-BASED EDUCATION**

Documentation of community-based education must be included with this application (examples include, but are not limited to, workshops, conferences, or local seminars) you have attended in the last five years. The specific criteria for inclusion follow:

- Community-based education must have been focused on one of the following topics: Child Growth and Development; Curriculum; Family and Community Relationships; Assessment and Evaluation; or Professionalism.
- Community-based education must have been completed within the last five years. Include dates (month and year) and the number of hours of each educational experience.
- Evidence of attendance must be provided with this application. Examples include, but are not limited to, a certificate of attendance, a letter from the instructor, or director's staff professional development records.

**SECTION 5
APPLICANT'S SIGNATURE**

Be sure you have included the following documentation with your application:

Copies of high school diploma or GED document (**Not required for NJ Registry renewals**) **OR**
Copy of all higher education transcripts and verification of degree completion, if applicable (**New Applicants only**): *Please note that effective October 15, 2005, the *NJ Registry* will only recognize higher education credits and degrees granted by accredited higher education institutions. Refer to www.ope.ed.gov/accreditation or www.chea.org for information.

Early Childhood Degree: AA BA MA Ph.D.
Non-Early Childhood Degree: AA BA MA Ph.D. Major _____

Foreign transcripts must be evaluated **course-by-course** by a transcript evaluation service before submitting. Send us your **course-by-course** evaluation report.

- Copy of valid First Aid and/or CPR certificates.
- Copy of other certificates, such as CDA, CCP, Group Teacher, Directors' Academy, Montessori, Principals/Supervisors, NAFCC, Infant Toddler Credential, Director's Credential, School Age Credential
- Director's signature in Section 3, if applicable.
- Documentation of community-based education, as instructed in Section 4.
- Application fees:
 - \$25 Initial Application Fee
 - \$10 Current Renewal (if your present certificate has not yet expired.)
 - \$35 Expired Renewal (if your current certificate has expired.)Group rates are available for those submitting more than 10 applications.

The information presented in this application is complete and accurate to the best of my knowledge. I have enclosed all required documentation and understand that participation in *The NJ Registry* will be denied or revoked if I do not successfully complete the application process.

Signature: _____ Date: _____

Mail this application and all required documentation to:
The NJ Registry
NJPDC
Kean University, Willis Hall - Room 300
Union, NJ 07083
www.njpsc.org / (908) 737-4224