



professional  
IMPACT NJ

advocating growth for  
early childhood educators

**THE NJ REGISTRY FOR CHILDHOOD PROFESSIONALS APPLICATION**

**SECTION 1  
PERSONAL INFORMATION**

Today's Date: \_\_\_\_\_ NJ Registry # \_\_\_\_\_ (if applicable)

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: ( ) \_\_\_\_\_

Date of Birth:   /  /   Sex:  Male  Female  
                  m m d d y y y y

Salary: \_\_\_\_\_  annually  hourly

Race: (for census purposes only)

- American Indian or Alaska Native
- Asian  Black/African American
- Hispanic/Latino  Multiracial
- Native Hawaiian/Other Pacific Islander
- White  Unspecified

Benefits offered through employment:

- Medical  Life Ins.
- Dental  Child Care
- Retirement  Discount
- Paid Prof Development Time
- Other \_\_\_\_\_

Languages spoken:

- African  Arabic  Armenian  Chinese  Creole
- English  French  Greek  Hebrew  Hindi
- Italian  Japanese  Korean  Laotian  Persian
- Polish  Portuguese  Russian  Spanish  Tagalog
- Thai  Tribal  Urdu  Vietnamese  Yiddish
- Other (specify) \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

Unless you request otherwise (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.



**SECTION 2c  
CHILD-RELATED WORK EXPERIENCE**

List your experience in family child care, licensed center-based child care, afterschool 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 (month and year are required).**

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

**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 you've received 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; Professionalism and Leadership; or Program Organization and Management.
- Community-based education must have been completed within the last five years. **Certificate must include dates (month and year required) 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**
  - All **official** higher education transcripts and verification of degree completion, if applicable.
- The *NJ Registry* will only recognize higher education credits and degrees granted by accredited higher education institutions. Refer to <http://ope.ed.gov/accreditation> or [www.chea.org](http://www.chea.org) for information.

- Early Childhood Degree:                      AA   BA   MA   Ph.D. Graduation Date: \_\_\_\_\_
  - Non-Early Childhood Degree:                AA   BA   MA   Ph.D. Graduation Date: \_\_\_\_\_
- 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**  
**Professional Impact NJ**  
**PO Box 718**  
**Union, NJ 07083**  
**[www.professionallimpactnj.org](http://www.professionallimpactnj.org) / (973) 391-2633**

*The NJ Registry for Childhood Professionals* is maintained in the Office of the Clearinghouse, at Professional Impact NJ.