



Metropolitan State University, 1450 Energy Park Drive, Suite 147, St. Paul, MN 55108
Phone: 651-999-5835 email: mncpd.registry@metrostate.edu website: www.mncpd.org

Welcome to the Minnesota Registry!

The Registry can be used to track your training, education, and employment in the field of early childhood and school-age care. By participating in the Registry, you will receive a Career Lattice certificate and a learning record as recognition of your achievements. A gold seal will be printed on your certificate if you are a member of a professional association.

Documentation

In order for your application to be complete, all education, credential, and training information must be verified by the Registry staff. Please gather the following information before you start the application:

- Your employment history in the field of early childhood education or school-age care.
- Certificates from Early Childhood Education/School-age Care training you have attended in the past two years.
- Credentials related to Early Childhood Education/School-age Care that you have earned.
- Transcripts from colleges and universities. **Official Transcripts** should be mailed to the Registry.
- Professional association membership card or other documentation (if applicable).

Please mail COPIES of original training certificates for at least the last two years. Only unduplicated noncredit training documentation for the past five years will be accepted. In addition, please mail copies of credentials, professional association membership card, CPR and First Aid cards, or other supporting documentation. Do not send originals, these documents will NOT be returned.

If you have attended a college, university or technical school, please request that ALL schools you attended send an **OFFICIAL TRANSCRIPT** to the Minnesota Center for Professional Development. Otherwise, please send a copy of your high school transcript, diploma, or GED.

Information you share on this application will be entered into the database of the Minnesota Registry. The documentation will be kept on file and used to determine the step you have achieved on the Career Lattice. Combined data from the registry will be used to inform decision makers about the early childhood and school-age care workforce in Minnesota. Your name or identity will not be linked in any way to the workforce reports.

Career Lattice

When you enroll in the registry, you are assigned to a Career Lattice Step based on the information you provide. There are 12 steps on the Career Lattice, each step recognizes the achievement of a specified number of training hours, credentials, certificates, college credits, and degrees earned. As you climb the steps on the Career Lattice, you complete training in the eight Minnesota Practitioner's Core Competency content areas to develop the knowledge and skills you need to provide quality care and education for the children and families you serve.

Who Can Apply?

The Registry is open to anyone who educates and cares for the children and youth in Minnesota including family child care providers, center-based staff, and Family, Friend, and Neighbor (FFN) caregivers or legally unlicensed child care providers. However, to be eligible for a placement above the Foundational Awareness Step, you must be 18-years-old, have completed a high school diploma or GED, and have current training in CPR and First Aid if you work in direct care with children.

THANK YOU FOR APPLYING!

If you have any questions related to this application, call the Registry Coordinator at 651-999-5835 or email mncpd.registry@metrostate.edu or visit our website at www.mncpd.org.

Submit Your Complete Application To: MN Center for Professional Development
Metropolitan State University
1450 Energy Park Drive, Suite 147
St. Paul, MN 55108



Minnesota Professional Development Registry
Notice of Privacy Practices
Effective Date: July 1, 2008

Attention: If you want free help translating this information call the number below:
(651) 999-5835

This notice describes how private information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Why do we ask for this information?

- To tell you apart from other people with the same or similar name
- To verify the information that you submit, decide the career lattice level you are eligible for
- and/or give you credit for training or experience
- To make reports, do research, do audits, evaluate our programs and for other administrative purposes

Do you have to answer the questions we ask?

You do not have to give us your personal information. We need this information to properly track your training and experience. Without the information, we may not be able to give you credit for your training and experience.

With whom may we share information?

Sometimes we share information about you with other agencies. We will only share information as needed and as allowed or required by law. For example, we may share your information with the following types of agencies or persons who need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, collaborative and nonprofit agencies
- Personnel of the welfare system who require the data for child care licensing purposes
- Personnel of the welfare system who require the data to administer or evaluate the child care assistance program
- The commissioner of education for purposes of implementing, administering, and evaluating the child care practitioner professional development system

- The commissioner of health for purposes of implementing and administering this section
- An individual's employer for purposes of tracking and verifying employee training, education, and expertise
- Anyone authorized by law to receive the information.

What are your rights regarding the information we have about you?

- You may see and copy private information we may have about you. You may have to pay for the copies.
- You may give other people permission to see and have copies of information about you.
- You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency.
- You have the right to ask us to share your information with you in a certain way or in a certain place. For example, you may ask us to send particular information to your work address instead of your home address. You must ask us to do this in writing. If we find that your request is reasonable, we will grant it.
- You have the right to ask us to limit or restrict the way that we use or disclose your information, depending on how reasonable the request is and how feasible it is to implement the request we may/may not be able to agree to the request.
- You have the right to get a record of some of the people or organizations that we have shared your information with. This record was started on July 1, 2008. You must ask for a copy of this record in writing to our Privacy Official.
- If you do not understand the information, ask the Professional Development Registry staff to explain it to you. You can ask the Professional Development Registry for another copy of this notice.

What are our responsibilities?

- We must protect the privacy of your private information according to the terms of this notice.
- We may not use your information for reasons other than the reasons listed on this form unless we get special written permission from you. We may not share your information with individuals and agencies other than those listed on this form unless we get special written permission from you.
- We are required to follow the terms of this notice, but we may change our privacy policy in the future. We might do this, for example, because privacy laws change and require us to change our practices. When we change our privacy rules we will put them on our web site at: www.mncpd.org

What if you believe your privacy rights have been violated?

You may complain if you believe your privacy rights have been violated. You cannot be denied service or treated badly because you have made a complaint. If you believe that the Professional Development Registry has violated your privacy rights, you may send a written complaint either to the Registry; the Department of Human Services, or to the federal civil rights office. The address for the federal civil rights address is:

U.S. Department of Health and
Human Services
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
(312)866-2359 (Voice) or
Toll free (800)368-1019 or
(866)282-0659
(312)353-5693 (TTY/TDD)
(312)866-1807 (Fax)

The address for the Minnesota Department of Human Services is:

Minnesota Department of Human Services
Attn: Privacy official
PO Box 64998
St. Paul, MN 55164-0998

By signing below, I acknowledge that I have reviewed and understand the Minnesota Professional Development Registry Notice of Privacy Practice:

Name

Signature

Date

***Please return the Minnesota Professional Development Registry Notice of Privacy Practices with your completed Registry application.**



MINNESOTA CENTER for professional development
 supporting early childhood and school-age practitioners
 Metropolitan State University, 1450 Energy Park Drive, Suite 147, St. Paul, MN 55108
 Phone 651-999-5835 email: mncpd.registry@metrostate.edu website: www.mncpd.org

PRACTITIONER REGISTRY APPLICATION

| | |
|--|---|
| <p>A complete application is required to participate in the Minnesota Center for Professional Development's Registry.</p> <ul style="list-style-type: none"> Please Use a Blue or Black Pen Print Clearly Complete All Sections | <p>For Office Use Only</p> <p>Registry ID # _____</p> <p>Applicant Type: _____ Practitioner _____ Trainer</p> |
|--|---|

Section A: Applicant Information

Name: _____

First
Middle
Last

Previous Last Name: _____ Second Last Name: _____

Email Address: _____ (this will be your Registry Login ID)

Mailing Address: _____ Apt/Suite: _____

Zip Code: _____ City: _____ State: _____ County: _____

Is this a business Address: YES NO Home phone: _____ Cell: _____

Fax: _____ Birth date: _____ (for identification purposes)

What is your Primary Spoken Language? _____ Secondary Language _____

What language do you prefer for training? _____

Section B: Education

High School Diploma/GED date: _____ **Name of High School:** _____

Please submit documentation ONLY if you have NOT attended any higher education college or university.

Higher Education: SUBMIT AN OFFICIAL TRANSCRIPT FOR THESE ENTRIES AS PART OF THE APPLICATION PROCESS

| Name of College/University | Status | Degree Earned <small>(e.g., A.A., A.A.S., A.S., B.A., B.S., B.A.S., M.S.)</small> | Date Awarded | Focus of Degree <small>(e.g., Major)</small> |
|----------------------------|---|--|--------------|---|
| | <input type="checkbox"/> Currently enrolled <input type="checkbox"/> Completed <input type="checkbox"/> Credits completed _____ | | | |
| | <input type="checkbox"/> Currently enrolled <input type="checkbox"/> Completed <input type="checkbox"/> Credits completed _____ | | | |
| | <input type="checkbox"/> Currently enrolled <input type="checkbox"/> Completed <input type="checkbox"/> Credits completed _____ | | | |

Other Education: Specialized Training, Credentials, and Certifications - Attach copies of certificates and certifications

- | | |
|---|---|
| <input type="checkbox"/> Child Development Assistant Certificate | <input type="checkbox"/> MNSACA Certified Trainer |
| <input type="checkbox"/> Child Development/Early Childhood Education Certificate | <input type="checkbox"/> ASDT-CPLP Trainer Credential |
| <input type="checkbox"/> Child Development Diploma | <input type="checkbox"/> National Accreditation for Family Child Care |
| <input type="checkbox"/> MNAEYC Director Credential | Date Awarded _____ Expires _____ |
| <input type="checkbox"/> American Montessori Society Credential/Diploma/Certificate | <input type="checkbox"/> CPR Certification Date Expires _____ |
| <input type="checkbox"/> Association Montessori International Diploma | <input type="checkbox"/> First Aid Certification Date Expires _____ |
| <input type="checkbox"/> ECSATA Trainer Credential | <input type="checkbox"/> Other _____ |

| | | | |
|---|--------------|--------------|------------------------------|
| Child Development Associate (CDA) Credential from the Council for Professional Recognition (ATTACH COPY OF CURRENT CDA) <input type="checkbox"/> Center-based Infant/Toddler <input type="checkbox"/> Center-based Preschool <input type="checkbox"/> Family Child Care | Date Awarded | Date Expires | Bilingual Endorsement |
| | | | <input type="checkbox"/> Yes |

Section C: Licensures -Please list any licensures you hold and the expiration date of that license. ATTACH COPIES

| Licensures | Expiration Date | Licensures | Expiration Date |
|------------|-----------------|------------|-----------------|
| | | | |

Section D: Current Professional Membership

Please list your professional memberships. Recognized professional organizations must be affiliates of regional, state, or national organizations (e.g., MnAEEYC, MNSACA, MLFCCA). ATTACH A COPY OF YOUR MEMBERSHIP CARD or PROOF OF YOUR MEMEBERSHIP.

| Membership in Organizations | From/Year | Thru/Year |
|-----------------------------|-----------|-----------|
| | | |
| | | |

Section E: Current Employment Information include Volunteer, Student Teaching, Internships, & Practicum

Please add an employment record for every early childhood and/or school-age care and education position you hold or have held in the past.

- Start with your current position!
- If you held more than one position for the same employer, enter a separate entry for each position.
- Be sure to enter an end date for any position you no longer hold.

| | | | | |
|-------------------------------------|----------------------------|--------------------|---|-----------------|
| Employer | Facility License # | Title/Position | Age Group | |
| Address | City | State | Family Child Care Net Annual Income After Taxes (optional) <input type="checkbox"/> \$0 or less <input type="checkbox"/> \$0-10,000 <input type="checkbox"/> \$10,001-20,000 <input type="checkbox"/> \$20,001-30,000 <input type="checkbox"/> \$30,001-40,000 <input type="checkbox"/> \$40,001-50,000 <input type="checkbox"/> Over \$50,000 | |
| County | Zip | Phone Number | | |
| Start Date | End Date | Hours per week | | Months per year |
| Center-based Hourly Wage (optional) | Date of Last Wage Increase | Reason for Leaving | | |

Section F: Previous Employment Information (Please make additional copies if needed.)

| | | | | |
|-------------------------------------|-----------------------------|--------------------|---|-----------------|
| Employer | Facility License # | Title/Position | Age Group | |
| Address | City | State | Family Child Care Net Annual Income After Taxes (optional) <input type="checkbox"/> \$0 or less <input type="checkbox"/> \$0-10,000 <input type="checkbox"/> \$10,001-20,000 <input type="checkbox"/> \$20,001-30,000 <input type="checkbox"/> \$30,001-40,000 <input type="checkbox"/> \$40,001-50,000 <input type="checkbox"/> Over \$50,000 | |
| County | Zip | Phone Number | | |
| Start Date | End Date | Hours per week | | Months per year |
| Center-based Hourly Wage (optional) | Date of Last Wage Increase: | Reason for Leaving | | |

Section G: Training Events

- Please attach copies of your training certificates related to early childhood/school-age care and education for at least the past two years, but no more than five years.
- Original documents will not be returned.
- Training Certificates should include the Training Title, Trainer Name, Dates of Training, Number of Hours, or CEUs.

Section H: Personal Information (This information is collected to learn more about the early childhood and school-age care workforce. It will not be used to determine the Career Lattice Step.)

Gender: Female Male Unspecified

Ethnicity:

- | | | |
|--|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian-Other _____ | <input type="checkbox"/> Latino-Other _____ |
| <input type="checkbox"/> African-Ethiopian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> African-Eritrean | <input type="checkbox"/> Central or South American | <input type="checkbox"/> Non-specified |
| <input type="checkbox"/> Africa-Somali | <input type="checkbox"/> Chicano | <input type="checkbox"/> White/European American |
| <input type="checkbox"/> African-Sudanese | <input type="checkbox"/> European Immigrant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> African-Other _____ | <input type="checkbox"/> Hmong | |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Lao | |

Are you an enrolled member of a federally recognized tribe, or a first or second generation descendant of an enrolled member? Yes No No Selection

Are you licensed by a tribal government, funded by a tribal government, or are your services predominantly for Native American families? Yes No No Selection

How many years do you anticipate remaining in this field? _____

When thinking about your future career plans, what is your next goal? _____

Signature Required by All Applicants

I, the undersigned, hereby agree that the information provided on this Registry Application is complete, accurate, and will be entered into the Minnesota Center for Professional Development’s Registry.

Applicant Signature _____ Date _____

Before you submit your application, please check that:

1. You have included all required documentation (e.g., training certificates, credentials, diplomas, professional association membership cards, First Aid and CPR cards). Please submit copies, documents will NOT be returned.
2. You have requested **OFFICIAL TRANSCRIPTS** to be sent to the MN Center for Professional Development.
3. You have included a signed copy of the Notice of Privacy Practices.

MAIL completed application and copies of documentation to:

Attention: Registry Specialist
Minnesota Center for Professional Development
Metropolitan State University
1450 Energy Park Drive, Suite 147
St. Paul, MN 55108

Next steps:

- The Registry staff will review your documents and process your application.
- Please allow nine weeks to process your application.
- Following approval of your application the Registry staff will mail your Certificate of Achievement to you.
- If you need additional help, contact the Registry Coordinator at 651-999-5835 or mncpd.registry@metrostate.edu.

For more information visit our website www.mncpd.org.