



OREGON REGISTRY

STEP APPLICATION

Pathways to Professional Recognition in Childhood Care and Education

Welcome to the Oregon Registry!

You provide a vital service to support families with children in our state. You are joining a community of professionals in Oregon committed to providing quality experiences for children and youth.

Oregon Registry Step Application Instructions

1. Completely fill out sections 1 - 6 of the Oregon Registry Step Application. The Education Award Application and Work Experience form are *optional*. Your Step Application takes approximately **45 business days** to process when received complete. *Incomplete applications will be returned to you.*
2. Review Oregon Registry resources including the Oregon Registry Steps, Training and Education Criteria, and Core Knowledge Categories (<https://www.pdx.edu/occd/oregon-registry-educators>).
3. Gather clearly printed, black-and-white copies of your training and education documentation that meets the Training and Education Criteria.

Need help?

Contact your local Child Care Resource and Referral (CCR&R). To find your local CCR&R, call the Central Coordination of Child Care Resource and Referral at The Research Institute at 800-342-6712 or visit <http://triwou.org/projects/ccccrr>.

Submitting Your Application

- ✓ Complete all sections using black or blue ink.
- ✓ Submit copies of training and education, **not originals.**
- ✓ Mail your completed application to:
Portland State University – OCCD
Attn: Oregon Registry Application
PO Box 751
Portland, OR 97207-0751



OREGON REGISTRY STEP APPLICATION



Section 1: Tell Us About Yourself

Last Name		First Name (legal name)		Middle Name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)		Former Name(s)		My CBR Number
Physical Address (street address, apt. number)					
City		State	Zip Code	County of Residence	
Mailing Address (if different from above)					
City		State	Zip Code	City of Birth	
Home Phone Number	Work Phone Number		Fax Number	Email Address	

Section 2: Help Us Learn How We Are Equitably Serving Our Workforce

Check below what racial/ethnic background best describes you:

- | | | |
|---|--|---|
| <input type="checkbox"/> Hispanic/Latino/Spanish | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> White | <input type="checkbox"/> Other (please list): |

1. What language do you speak most often at home?
2. Do you speak any language(s) in addition to your primary language? ☐ Yes ☐ No
If yes, list any other language(s) that you speak fluently:
3. What language do you speak most often with the children with whom you work or volunteer?

Section 3: Help Us Collect Important Information About Our Workforce

Check below your position(s) and age-group(s) you work with:

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Director | <input type="checkbox"/> Nanny | <input type="checkbox"/> Adults |
| <input type="checkbox"/> Aide 1 | <input type="checkbox"/> Driver | <input type="checkbox"/> Multisite Coordinator | <input type="checkbox"/> School-Age |
| <input type="checkbox"/> Aide 2 | <input type="checkbox"/> Education Coordinator | <input type="checkbox"/> Provider | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Assistant 1 | <input type="checkbox"/> Head Teacher | <input type="checkbox"/> Substitute Provider | <input type="checkbox"/> Toddler |
| <input type="checkbox"/> Assistant 2 | <input type="checkbox"/> Health/Mental Health Worker | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Infant |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Teacher's Aide | <input type="checkbox"/> Other (please list): | <input type="checkbox"/> No-age group |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Teacher | | |

Check below your highest level of education:

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than high school diploma | <input type="checkbox"/> High school diploma | <input type="checkbox"/> General Educational Development (GED) |
| <input type="checkbox"/> Certificate from college, school, or professional association in: | | |
| <input type="checkbox"/> 2-year college degree, AA/AS/AAS or other in: | | |
| <input type="checkbox"/> 4-year college degree, BA/BS or other in: | | |
| <input type="checkbox"/> Master's degree, MA/MS/MED or other in: | | |
| <input type="checkbox"/> Doctoral degree, PhD, EdD, or other in: | | |
| <input type="checkbox"/> Other (please list degree and field of study): | | |



OREGON REGISTRY STEP APPLICATION



Section 4: Tell Us About Where You Work

Check below what best describes the facility you work or volunteer at:

- | | | |
|---|---|---|
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Child care center/Preschool | <input type="checkbox"/> Certified Child Care Center |
| <input type="checkbox"/> Child care resource and referral | <input type="checkbox"/> Parent (e.g., employed as a nanny) | <input type="checkbox"/> Certified Family Child Care |
| <input type="checkbox"/> After-school program | <input type="checkbox"/> Relief nursery | <input type="checkbox"/> Registered Family Child Care |
| <input type="checkbox"/> EI/ECSE | <input type="checkbox"/> School district | <input type="checkbox"/> License Exempt |
| <input type="checkbox"/> Head Start and/or OPK | <input type="checkbox"/> Family child care provider (self-employed) | |
| <input type="checkbox"/> Health or mental health | <input type="checkbox"/> State of Oregon Office of Child Care | |
| <input type="checkbox"/> Healthy Start | <input type="checkbox"/> Other (please list): | |
| <input type="checkbox"/> ODE/CACFP sponsor | | |

Name of Facility (list business name. If family child care, list provider's name)

Facility License Number

Facility Physical Address (street address, apt. number, city, state, zip)

Facility Phone Number

Mailing Address (if different from above)

County

Section 5: (Optional) Show Your Commitment to Ethical Conduct (Listed on Your Step Certificate)

By checking a code of ethical conduct and signing this application, you are showing your commitment to practicing professional ethics within the field of childhood care and education by committing to a code of ethical conduct. You may use the National Association for the Education of Young Children (NAEYC) Code of Ethical Conduct or any other code of ethical conduct that relates to your role in the childhood care and education field.

NAEYC Code of Ethical Conduct (www.naeyc.org)

Other code of ethical conduct:

Reflective Overview Statement

If you are applying for a **Step 7.5 – 10 using community based training**, complete a Reflective Overview Statement by following these instructions:

On a separate piece of paper, in 500 words or more write about a community based training and how you were able to put what you learned into practice with children and families.

ATTENTION

- ★ Only required for Step 7.5-10 using community based training
- ★ Must be 500 words or more
- ★ Contact OCCD for alternative options if you believe writing is a barrier

Section 6: Read and Sign

You have reviewed the information provided in this application and attest that it is true and accurate to the best of your knowledge. You agree to notify OCCD of any updates or changes to your information as they occur (e.g., change of address, name, etc.).

You understand that incomplete applications will be returned.

The Oregon Registry is a system that will manage your training and education records for licensing requirements and personal professional development. Oregon Registry representatives will undertake all necessary precautions to ensure that only authorized personnel will be able to access confidential information. Confidential information will not be disclosed for any purposes other than described here and as authorized by law. By your signature, you consent to the disclosure of your individual contact and training/education information to authorized personnel with the Office of Child Care, Oregon Center for Career Development, Department of Human Services, and/or the Central Coordination of Child Care Resource and Referral at The Research Institute and local child care resource and referral programs.

Your Signature

Your Printed Name

Date Signed



Work Experience in Childhood Care and Education



Section 1: Tell Us About Yourself

Last Name	First Name (legal name)	Former Name (s)	Date of Birth (mm/dd/yyyy)	
Address		City	State	Zip Code

Instructions

Only work experience in the childhood care and education field will count. To document your work experience, please:

- 1.) Complete each row with **setting number**, **employer**, **position title**, **average hours per week**, and **dates of experience**. Incomplete rows will not count toward your total years of experience.
- 2.) List each position separately. Multiple positions with one employer or one position with multiple employers count as separate positions.
- 3.) Include volunteer work and internships if they are at least 600 hours per calendar year.

Work Settings

Only work experience in the childhood care and education field will count. The childhood care and education field includes the following settings. Use the number(s) listed to identify the setting of each position you list.

- | | | |
|--|--|--------------------------------|
| (1) Certified Family child care | (6) Kindergarten through third-grade classroom | (11) State agency |
| (2) Registered Family child care | (7) Teen parent or relief nursery program | (12) Consulting business |
| (3) Certified Center care center | (8) Before/after-school or summer program | (13) Professional organization |
| (4) For-profit, not-for-profit, or faith-based program | (9) Child care resource and referral agency | (14) Higher education |
| (5) Early intervention/Early childhood special education | (10) Head Start | |

Section 2: Your Work Experience

Setting # (from above)	Employer & Position	Average Hours (per week)	Dates of Experience (mm/yyyy)
Example 2	Employer: <i>Alis Volat Propriis Child Care Center</i>	30	Start: <i>09/2015</i>
	Position Title: <i>Teacher</i>		End: <i>04/2018</i>
	Employer:		Start:
	Position Title:		End:
	Employer:		Start:
	Position Title:		End:
	Employer:		Start:
	Position Title:		End:
	Employer:		Start:
	Position Title:		End:
	Employer:		Start:
	Position Title:		End:
	Employer:		Start:
	Position Title:		End:
	Employer:		Start:
	Position Title:		End:

By completing and submitting this self-reported form, you are confirming that each listed experience is correct and true.



Oregon Registry Education Awards Suspended

Oregon Center for Career Development
August 15th, 2019

The Oregon Center for Career Development (OCCD) will be indefinitely suspending the Oregon Registry Education Award program due to discontinued funding from [Oregon's Child Care Contribution Tax Credit](#). OCCD *will continue to award incentive dollars to individuals who are eligible until the current funds are expended, or June 30, 2020, whichever comes first.*

The Education Award program has proudly acknowledged the professional development achievements of Oregon's early learning workforce since 2009. Over the past ten years, the program has distributed over 18,000 awards, close to 5.5-million dollars, to front line providers working directly with children!

The [Oregon Registry Steps](#), [Betty Gray Scholarship](#), and [Oregon's Family Child Care Scholarship](#) will continue to support Oregon's Early Learning Educators.

What to expect from the Education Award suspension:

- Available funds will be paid on a first come, first serve basis; and
- Will be paid to individuals by **date received** of a **complete** Education Award application.
- Incomplete forms will be returned and can compromise eligibility for an award.

How to know if you qualify for an Education Award:

To qualify for an Education Award, you must first qualify for an [Oregon Registry Step 3 or above](#). Oregon Registry Steps are awarded based on your training and education submitted to ORO and a completed Oregon Registry Step application. Log into your [myORO account](#) to review your Professional Development Statement and determine if you are eligible for an Oregon Registry Step 3 or above. If you have questions about whether you qualify for a Step, please contact a local [CCR&R](#).

- If you have already received an Education Award for an Oregon Registry Step Milestone, you are not eligible for another payment for that Milestone.
- If you already have an Oregon Registry Step and *have not* received an Education Award for that Milestone, you may be eligible for an Education Award.
- If you are unsure if you have received an Education Award for your current Step, please contact Sarah Myers at 503-725-8541.



OREGON REGISTRY EDUCATION AWARD



Education Award Eligibility Supplement Form

This form is not required for an Oregon Registry Step but is required for an education award. You may qualify if you work at an Office of Child Care (OCC) licensed facility or a Department of Human Services (DHS) active facility at least 20 hours a week and you work with children under the age of 13 or supervise staff in that capacity.

If you meet these requirements, you may receive the following award for the Milestone you achieve:

Milestone 1: \$100 at Step 3 through Step 6 of the Oregon Registry

Milestone 2: \$150 at Step 7 through Step 8.5 of the Oregon Registry

Milestone 3: \$200 at Step 9 or above of the Oregon Registry

You may be eligible for only one milestone award in the fiscal year (July 1–June 30). When OCCD receives your completed forms and you meet the requirements for the education award, as funding is available, you will receive a confirmation letter with your Oregon Registry Step certificate. A payment issued by PSU will follow.

Education Award Eligibility Section – Please Complete for Education Award

1. You, _____ (printed name), understand that this award may be considered taxable income and that if you are a Portland State University student, it may affect your financial aid. You also understand this form must be submitted with an Oregon Registry Application.
2. Are you currently a Portland State University Student? ☐ Yes ☐ No
3. Choose **one** eligibility option:
☐ **Option 1:** Staff of OCC licensed **Registered Family** child care home or **DHS active family child care**.
OCC Registration #: RF _____ or DHS Provider #: _____
Your Signature: _____

OR

☐ **Option 2:** Staff of OCC licensed **Certified Center** or **Certified Family** child care home or a **DHS active center** (you must have a supervisor complete the supervisor statement below; if your supervisor is not available, contact OCCD).
OCC Registration #: CC _____ or CF _____ or DHS Provider #: _____
Facility Name: _____
Facility Address: _____
Supervisor/Owner Statement: "I attest that the applicant is an employee of the above named facility and that the applicant works 20 or more hours per week with children younger than 13 years or supervises staff who work with children younger than 13 years."
Supervisor Name: _____ Supervisor Signature (required): _____
4. How do you plan to spend this Education Award?
☐ On my child care program ☐ On myself or my family
☐ On my training or education ☐ Other: (please specify) _____

Substitute W-9 and ACH Form (next page) Required for All Education Awards

According to Internal Revenue Service (IRS) Code, W-9 information is required for you to receive a payment, and according to Oregon Administrative Rule, a direct deposit (ACH) is required, unless you opt out. The Substitute W-9 Form and ACH Enrollment Form are combined in one page for your convenience (see next page). Send the completed Substitute W-9 Form with your application materials directly to OCCD. Tax questions on how to fill out the Substitute W-9? Call the IRS Tax Help Line (800-829-1040) or visit [irs.gov](https://www.irs.gov).

EDUCATION AWARD pg. 1 of 3

Portland State University Substitute W-9 and ACH (Automatic Deposit) Enrollment Form

Vendors providing products and/or services to Portland State University must complete the substitute W-9 section prior to receiving payment. We must have a Federal Tax Identification Number (FEIN) or Social Security Number (SSN) in our files for **ALL VENDORS** receiving payments from PSU. If choosing ACH, an IRS W-9 form **may not be substituted** in lieu of this form. For W-9 instructions, see <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

INDIVIDUAL/COMPANY/ENTITY LEGAL NAME _____

BUSINESS NAME/DISREGARDED ENTITY NAME (if different from above - refer to back of form) _____

ADDRESS ON FILE WITH IRS (number, street, apt. or suite no.) _____

(city, state and zip code) _____

REMIT TO ADDRESS – If different from above (number, street, apt. or suite no.) _____

(city, state and zip code) _____

FEDERAL TAX ID # (FEIN): _____ OR SOCIAL SECURITY # _____

Check all the boxes in the table below that apply to you or to your entity:

- | | | |
|---|---|--|
| <input type="checkbox"/> US Citizen | <input type="checkbox"/> Individual/sole proprietor or single-member LLC | <input type="checkbox"/> Woman Owned – state certified |
| <input type="checkbox"/> US Resident Alien | <input type="checkbox"/> Partnership | <input type="checkbox"/> Woman Owned – self reported |
| <input type="checkbox"/> Foreign Alien or Entity:
Complete form W-8. See back of form. | <input type="checkbox"/> C-Corporation. Date of incorporation: _____ | <input type="checkbox"/> Minority Owned – state certified |
| | <input type="checkbox"/> S-Corporation. Date of incorporation: _____ | <input type="checkbox"/> Minority Owned – self reported |
| | <input type="checkbox"/> Limited Liability Company. Enter tax classification
(C=C corporation, S=S corporation, P=Partnership) _____ | <input type="checkbox"/> Emerging Small Business – state certified |
| | <input type="checkbox"/> Trust Estate | <input type="checkbox"/> Emerging Small Business – self reported |
| | <input type="checkbox"/> State | <input type="checkbox"/> Disadvantaged Business Enterprise – state certified |
| | <input type="checkbox"/> Federal | <input type="checkbox"/> Disadvantaged Business Enterprise – self reported |
| | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Disabled Veteran's Enterprise – self reported |

Exemptions:

Exempt Payee code (if any) _____ (See reverse side)

ACH Automatic Deposit Enrollment

FINANCIAL INSTITUTION: _____ TYPE OF ACCOUNT (Choose one) ☐ Checking ☐ Savings

BANK ABA ROUTING NO. _____ DEPOSIT ACCOUNT NO. _____

EMAIL ADDRESS - REQUIRED (Notice of Payment) _____

DEPOSITOR ACCOUNT TITLE _____

We hereby authorize Portland State University in an effort to promote the University's theme of environmental sustainability, to initiate CREDIT ENTRIES ONLY to our financial institution. We acknowledge that the origination of ACH transactions to our account must comply with the provisions of US law and that this information is to remain in full force and effect until Portland State University has received written notification from us of termination in such time and such manner as to afford Portland State University and the Financial Institution a reasonable opportunity to act on it. **The entire amount of the ACH deposit is ultimately deposited to a financial institution within the U.S.**

FOR ACCURACY PLEASE ATTACH A VOIDED CHECK IF POSSIBLE

☐ **W**we would like to opt out of ACH Direct Deposit to our Financial Intuition from Portland State University.

CERTIFICATION:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a US Citizen or other US person (defined in the IRS W-9 instructions)
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct (does not apply).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

AUTHORIZED SIGNATURE: _____ PRINTED NAME: _____

DAT E: _____ TELEPHONE: _____

Disregarded entity

For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Payees Exempt From Backup Withholding

Even if the payee does not provide a TIN in the manner required, you are generally not required to backup withhold on any payments you make if the payee is:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions, agencies, or instrumentalities;
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities;
5. A corporation;
6. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession;
7. A futures commission merchant registered with the Commodity Futures Trading Commission;
8. A real estate investment trust;
9. An entity registered at all times during the tax year under the Investment Company Act of 1940;
10. A common trust fund operated by a bank under section 584(a);
11. A financial institution;
12. A middleman known in the investment community as a nominee or custodian; or
13. A trust exempt from tax under section 664 or described in section 4947.

Foreign Individuals or Entities

Portland State University now requires a W-8 form for all foreign individuals or entities regardless of the type of payment. There are five different types of W-8 forms. The foreign alien or entity will need to determine which type of form applies to them; they will need to fill out the appropriate form; and they will need to mail the form to the department making the request.

A brief description of each form is listed below along with the links to the various W-8 forms and their instructions. *Please refer to the instruction forms for specific details about each W-8 form.*

W-8BEN:	Used only for individuals to claim foreign status or treaty benefits. It is also used by individuals to claim treaty benefits for royalty/passive income. <ul style="list-style-type: none">• A U.S. tax identification number is required for exemption from tax withholding.• All fields in line 10 must be completed to claim exemption on Royalty payments.
W-8BEN-E:	Used by foreign entities (non-individuals) documenting foreign status, documenting chapter 4 status, or claiming treaty benefits.
W-8ECI:	Used primarily by the payee or beneficial owner indicating that all the income that is listed on the form is effectively connected with the conduct of a trade or business within the United States. <ul style="list-style-type: none">• The type of income must be identified on Line 9 of the form to qualify for exemption. If it is not listed we are required to obtain from the entity a different type of W-8 form.• A U.S. tax identification number is required for exemption from tax withholding.
W-8EXP:	Used by the following entities to claim exemption from tax withholding – foreign governments, foreign tax exempt organization, foreign private foundation, govt. of a U.S. possession, or foreign central bank of issue. <ul style="list-style-type: none">• The entity must be claiming exemption under IRS code 115(2), 501(c), 892, 895, or 1443(b). Otherwise they need to file a W-8BEN-E or W-8ECI.
W-8IMY:	Used by an intermediary, a withholding foreign partnership, a withholding foreign trust, or flow through entity. <ul style="list-style-type: none">• Copies of appropriate withholding certificates, documentary evidence, and withholding statements must be attached to the W-8IMY as well.

Again, the entity type will determine which form will need to be complete.

<https://www.irs.gov/pub/irs-pdf/fw8ben.pdf> (Form W-8BEN) Most individuals will fill out a W-8BEN
<https://www.irs.gov/pub/irs-pdf/iw8ben.pdf> (Instructions for W-8BEN)

<https://www.irs.gov/pub/irs-pdf/fw8bene.pdf> (Form W-8BEN-E)
<https://www.irs.gov/pub/irs-pdf/iw8bene.pdf> (Instructions for W-8BEN-E)

<https://www.irs.gov/pub/irs-pdf/fw8eci.pdf> (Form W-8ECI)
<https://www.irs.gov/pub/irs-pdf/iw8eci.pdf> (Instructions for W-8ECI)

<https://www.irs.gov/pub/irs-pdf/fw8exp.pdf> (Form W-8EXP)
<https://www.irs.gov/pub/irs-pdf/iw8exp.pdf> (Instructions for W-8EXP)

<https://www.irs.gov/pub/irs-pdf/fw8imy.pdf> (Form W-8IMY)
<https://www.irs.gov/pub/irs-pdf/iw8imy.pdf> (Instructions for W-8IMY)