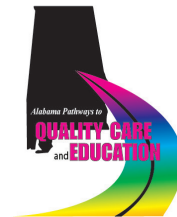


# Alabama Pathways Professional Development Registry

## Participant Application



All of the information you provide within the Alabama Pathways Registry System is kept confidential.

Please complete all requested fields. Fields marked with an asterisk (\*) are required. It will delay the processing of your application if these fields are not marked. There is also supporting documentation required along with the application. This documentation may include:

- Alabama Early Learning Guidelines Credential
- Child Development Associate certificate
- College degree diploma
- Professional development transcripts and/or training certificates for past 2 years
- Certificates of Training on the assessment tools ITERS-R, ECERS-R, & PAS (if applicable)
- CPR / First Aid Certification
- Other professional certifications
- College transcript

It is only necessary that you send supporting documentation of your highest level of education along with any professional development training from the past 2 years. If additional information and/or documentation is needed, you will be notified. Please send copies of your supporting documentation with your application. These documents will be kept on file with Alabama Pathways PDR and will not be returned. Please do not send original documents.

### IDENTIFYING INFORMATION

\*First Name \_\_\_\_\_ \*Middle Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

\*Maiden Name \_\_\_\_\_ \*Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \*Last 5 Digits of SS# \_\_\_\_\_

### CONTACT INFORMATION

\*Home Address \_\_\_\_\_ (Street Address)  
\_\_\_\_\_ (Address 2nd Line - Apt. #, etc.)  
\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

\*County of Residence \_\_\_\_\_ \*Personal Email Address \_\_\_\_\_

\*Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### DEMOGRAPHIC INFORMATION

\*Gender  Male  Female  Prefer not to answer

\*Ethnicity  Hispanic  Latino  Not Hispanic/Latino  Prefer not to answer

\*Race  Asian  Black/African American  Hispanic  American Indian  Pacific Islander  White  Prefer not to answer

\*Primary Language (The language in which a person speaks most proficiently.)

English  Spanish  Other \_\_\_\_\_

Secondary Language (Other languages in which a person speaks proficiently.)

English  Spanish  Other \_\_\_\_\_

\*Learning Language (The language in which a person prefers to learn.)

English  Spanish  Other \_\_\_\_\_

## FORMAL EDUCATION INFORMATION

\*Highest Level of Education:  No High School Diploma  High School Diploma / GED  1 year Certificate  Associate's Degree  
 Bachelor's Degree  Master's Degree  Doctorate

\*Degree Name: You must attach a copy of diploma AND transcript.

Associate in Applied Science (AAS) Degree in  Child Development  Early Care and Education

Associate in Applied Technology (AAT) Degree in  Child Development  Early Care and Education

Associate in Arts (AA) Degree in  Child Development  Early Childhood Education

Associate in Science (AS) Degree in  Child Development  Early Childhood Education

Bachelor's Degree in  Child Development  Early Childhood Education  Elementary Education

Master's Degree in  Child Development  Early Childhood Education  Elementary Education

Doctorate of Philosophy (Ph.D.) in  Child Development  Early Childhood Education  Elementary Education

Doctorate of Education (Ph.D.) in  Child Development  Early Childhood Education  Elementary Education

Degree Not Listed Above: \_\_\_\_\_

Field of Study:  Child Development  Early Childhood Education  Elementary Education  Early Care and Education  
 None of the Above

\*Institution of Higher Learning: \_\_\_\_\_

\*Date Degree Awarded \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## CURRENT EMPLOYMENT INFORMATION

Center License Number: \_\_\_\_\_ Provider Type:  Licensed Center  License-Exempt Center

\*Business Name: \_\_\_\_\_

\*Business Address: \_\_\_\_\_ (Street Address)

\_\_\_\_\_ (Address 2nd Line - Apt. #, etc.)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Work Email Address \_\_\_\_\_ \*Work Phone \_\_\_\_\_

\*Are you a Part-Time Employee (less than 20 hours per week) or a Full-Time Employee?  Part Time  Full Time

\*Current Position:  Center Director  Center Teacher  Center Teacher Assistant  Center Owner/Operator  
 Other: \_\_\_\_\_

\*Employment Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Ages of children you are currently working with:  Infant  Toddler  Pre-K  School-Age  Blended Age Groups

\*Is your current position administrative and/or have you working with strictly with adults?  Yes  No

## PROFESSIONAL DEVELOPMENT

If you answer "Yes" to any of the following questions, please submit a copy of the training certificate/credential along with this application.

Do you have an Alabama Early Guidelines Credential?  Yes  No

Do you have a Child Development Associate Credential?  Yes  No CDA Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you completed training on the Program Administration Scale (PAS) assessment tool?  Yes  No

Have you completed training on the ITERS-R assessment tool?  Yes  No

Have you completed training on the ECERS-R assessment tool?  Yes  No

Do you have CPR/First Aid Certifications?  Yes  No CPR/First Aid Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PAST EMPLOYMENT INFORMATION

\*Business Name: \_\_\_\_\_

\*Business Address: \_\_\_\_\_ (Street Address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Provider Type:  Licensed Center  License-Exempt Center

Position:  Center Director  Center Teacher  Center Teacher Assistant  Center Owner/Operator  
 Support Staff  Other

Employment Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Employment End Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I, the undersigned, have read and agree to all statements indicated in this application. I hereby agree that the information provided in this application form is complete, accurate, and will be entered in the Alabama Pathways Professional Development Registry. I understand that I am responsible for information included in this application and agree to update my information with Alabama Pathways when applicable. I understand that Alabama Pathways is a public entity and will protect the confidentiality of personal information provided to the extent permitted under state and federal law.

I understand that the information in my file will be used for the following purposes:

Your information will be shared with Alabama Quality STARS for data collection and research purposes.

-Alabama Pathways Professional Development Registry may use the information provided in the application form to compile and publish group data reports, and to recognize individual's education attainments (such as attainment of a Child Development Associate or Bachelor's degree).

-Data compiled from the Alabama Pathways Professional Development Registry may be released to aid community and state planning to increase the quality and services of the early care and education community. Your name will not be released to advertisers. Information that could affect the safety and security of an individual (i.e. social security numbers, birth dates and personal addresses) will not be released to any individual or agency for any reason.

Signature \_\_\_\_\_

Date \_\_\_\_\_