

Type of Application
(check one):

- New to Registry
 Renewal/Update
 Replacement/Lost



Form 1

Required for Employment in
Center-Based Programs

For Office Use Only:

Received Date: _____
 Position at GCC: _____
 Position at IT: _____
 Framework Level: _____
 Completion Date: _____
 Renewal Date: _____

Participation in the Registry is required by the Department of Human Services (DHS) for employment in state licensed center-based programs. The Registry assists DHS in confirming your education and training experience to determine the position(s) you qualify for under state child care licensing rules. Once your application is processed, you will receive a Registry Certificate and be eligible for employment. If you are updating, you may receive a new Registry Certificate if your qualifications have changed. **ORIGINAL applications only. NO faxed, copied, or emailed applications accepted. For transcripts, credentials and other supporting documentation, send only copies as all documents will be electronically stored and hard copies destroyed.**

SECTION A: PERSONAL INFORMATION			<input type="checkbox"/> No updates to this section	<input type="checkbox"/> Update this section
Legal Name:	Former names/aliases:	Caregiver ID:		
Social Security No:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Home Address:		Unit No:		
City:	State:	Zip:		
Mailing Address, if different:		Unit No:		
City:	State:	Zip:		
Email Address (optional):	Phone:	Alt Phone:		
SECTION B: IF APPLICABLE, CURRENT EARLY CHILDHOOD RELATED EMPLOYMENT INFORMATION (TO BE COMPLETED BY THE DIRECTOR)				
			<input type="checkbox"/> No updates to this section	<input type="checkbox"/> Update this section
Business Name:		Site Name (if business has multiple sites):		
Site Mailing Address:				
City:	State:	Zip:		
Applicant's Current Position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time @ _____ hours/week			
Applicant's Date of Hire: (MUST BE EMPLOYED)	/ / (month / day / year)	Facility Type:	<input type="checkbox"/> Center based <input type="checkbox"/> Home based <input type="checkbox"/> School aged	
Ages worked with: <input type="checkbox"/> Infants-Toddlers (6wk-35 mon) <input type="checkbox"/> Preschool (3-5 yrs) <input type="checkbox"/> Mixed Ages (6wk-5yrs) <input type="checkbox"/> School aged (K—13 yrs.)				
Director's Name:		Phone:	Email:	
* Initial all that has been completed. Required in order to process Registry application.				
___ All employment verification has been completed for this individual (including that listed in Section D of this application). This will be used to determine if the applicant meets the DHS experience requirement.				
___ Orientation training has been completed for this individual.				
* Director's signature:				Date:
<input type="checkbox"/> Center Director		<input type="checkbox"/> School Principal		<input type="checkbox"/> Human Resource Officer
				<input type="checkbox"/> Owner

* REQUIRED INFORMATION

December 2014

SECTION C: PREVIOUS EMPLOYMENT INFORMATION RELATED TO EARLY CHILDHOOD No updates to this section Update this section

Business Name:		Position:
Complete Business Address and phone:		
Avg. hours worked per week:	Date of Hire:	Date of Termination:
Type of Facility: <input type="checkbox"/> Home based <input type="checkbox"/> Center based <input type="checkbox"/> School aged		
Ages worked with: <input type="checkbox"/> Infants-Toddlers (6wk—35 mon) <input type="checkbox"/> Preschool (3-5 yrs) <input type="checkbox"/> Mixed Ages (6wk-5yrs) <input type="checkbox"/> School Aged (K—13 yrs.)		

Business Name:		Position:
Complete Business Address and phone:		
Avg. hours worked per week:	Date of Hire:	Date of Termination:
Type of Facility: <input type="checkbox"/> Home based <input type="checkbox"/> Center based <input type="checkbox"/> School aged		
Ages worked with: <input type="checkbox"/> Infants-Toddlers (6wk —35 mon) <input type="checkbox"/> Preschool (3-5 yrs) <input type="checkbox"/> Mixed Ages (6wk-5yrs) <input type="checkbox"/> School Aged (K—13 yrs.)		

Business Name:		Position:
Complete Business Address and phone:		
Avg. hours worked per week:	Date of Hire:	Date of Termination:
Type of Facility: <input type="checkbox"/> Home based <input type="checkbox"/> Center based <input type="checkbox"/> School aged		
Ages worked with: <input type="checkbox"/> Infants-Toddlers (6wk —35 mon) <input type="checkbox"/> Preschool (3-5 yrs) <input type="checkbox"/> Mixed Ages (6wk-5yrs) <input type="checkbox"/> School Aged (K—13 yrs.)		

SECTION D: STUDENT TEACHING, INTERNSHIP, PRACTICUM, VOLUNTEER (RELATED EXPERIENCES) No updates to this section Update this section

School:	Date From:	Date To:	Position:
Type of Facility: <input type="checkbox"/> Home based <input type="checkbox"/> Center based <input type="checkbox"/> School aged			Avg. number of hours per week:
Ages worked with: <input type="checkbox"/> Infants-Toddlers (6wk —35 mon) <input type="checkbox"/> Preschool (3-5 yrs) <input type="checkbox"/> Mixed Ages (6wk-5yrs) <input type="checkbox"/> School Aged (K—13 yrs.)			

SECTION E: EDUCATION & CREDENTIALS No updates to this section Update this section

***INDICATE ALL LEVELS OF EDUCATION. DOCUMENTATION (DIPLOMAS, TRANSCRIPTS, & CREDENTIALS) IS REQUIRED TO COMPLETE APPLICATION. Send copies only, as all documents will be electronically stored and hard copies destroyed**

	Name of School/College/University *	Status	Type of Degree Earned	Date Awarded	Focus of Degree
High School		<input type="checkbox"/> Currently enrolled <input type="checkbox"/> Completed	<input type="checkbox"/> Diploma <input type="checkbox"/> GED		
Community College		<input type="checkbox"/> Currently enrolled <input type="checkbox"/> Completed	<input type="checkbox"/> Certificate in ECE <input type="checkbox"/> Associates Degree		
University		<input type="checkbox"/> Currently enrolled <input type="checkbox"/> Completed	<input type="checkbox"/> _____ Degree		
University		<input type="checkbox"/> Currently enrolled <input type="checkbox"/> Completed	<input type="checkbox"/> _____ Degree		

If you have any of these additional credentials, please indicate below and submit documentation.

<input type="checkbox"/> Vocational child care training course	<input type="checkbox"/> Child Development Associate Credential (CDA) Renewal date:
<input type="checkbox"/> Association Montessori Internationale (AMI) Award date:	<input type="checkbox"/> Montessori Associate Credential (MAC) Award date:

Frequently Asked Questions

Q: Is the Registry required?

A: There are two parts to the Registry. Form 1 helps DHS determine the position you qualify for under state child care licensing rules. Thus, in order to work in a center-based program such as a preschool or infant/toddler center, DHS requires you to complete Form 1.

Q: What else does the Registry offer?

A: The Registry also offers a voluntary component (Form 2) which guides you in your professional development. In addition, the Registry offers career counseling.

Q: What will I get from the Registry?

A: Once you complete Form 1, you will get a Registry certificate which will indicate the positions you qualify for under licensing rules. You will also receive Form 2 for the voluntary component discussed above.

It is up to you whether you want to complete this form to track your professional development.

Q: Do I need to renew my Registry?

A: It depends on your educational background and how you qualified for a DHS position. If you have a CDA credential or work in an infant/toddler center, you may have an expiration date. Check your Registry certificate for the expiration date.

You may also update your Registry file at any time to reflect additional classes or experiences you have received. A new Registry certificate may be issued to reflect the updated information.

You may use Form 1 to update your file. A new Registry certificate will be issued if you have a change in position.

Q: Why do I need a current CDA on file?

A: If the Registry used your CDA credential to qualify you for your position, you must have a current CDA credential on file with the Registry to maintain your current position.

Q: Why does the Registry need your Social Security number?

A: Social security numbers are required to verify educational qualifications. Your information will be treated as confidential.



APPLICATION CHECKLIST

- Original signatures of Director and Applicant
- Copies of college transcripts
- Copies of workshop certificates
- Copies of other applicable credentials such as CDA, NAFCC, Montessori, ECE certificate
- Copies of documents (marriage, divorce, etc.) if updating name changes

***Send only copies of supporting documentation, as all documents will be electronically stored and hard copies destroyed**



SEND COMPLETED APPLICATION AND ATTACHMENTS TO:
PATCH
ATTN: REGISTRY
560 N. NIMITZ HWY, SUITE 218
HONOLULU, HI 96817

SHOULD YOU NEED ADDITIONAL ASSISTANCE, PLEASE CONTACT US AT:
PHONE: (808) 839-1791
Email: Registry @patch-hi.org
Website: www.PatchHawaii.org