

Membership Application

Dear Registry Applicant:

Thank you for your interest in the Wisconsin Registry. To make sure your certificate is accurate; please fill out the application completely. All sections are required. Remember: **only** the items completed on this application will be reflected on your certificate. **Be sure to send verification for items indicated by an *.** Omitted items cannot be assessed or added to your record. We have included an instruction page to assist you. If you still have a question, contact our office by phone or anytime by email. Our phone hours are 8:00 am to 5:00 pm Monday through Thursday and 8:00 am to 1:00 pm on Friday.

Personal Information (please print)							
Full Name (first middle last):							
Previous Last Name:				Email Address:			
Last 5 digits of Social Security Number: _____							
Mail all Registry materials to: <input type="checkbox"/> Business Address <input type="checkbox"/> Home Address							
Business Address							
Name of Business:							
Street:				Apt./Suite #:			
City:				Zip -----			
Home Address							
Street:				Apt./Suite #:			
City:				Zip -----			
Birth Date:		/		/			
Home Phone: ()				Work Phone: ()			
Fax: ()							
Gender: Female Male			Preferred Training Language:				
Racial\Ethnic Background		African American	Alaskan Native	American Indian	Asian	Caucasian	
		Hispanic	Hmong	Multiracial	Pacific Islander		
Primary Language (circle one)							
American Sign Language	Arabic	Armenian	Chinese	Creole	English	French	German
Greek	Hindi	Hmong	Japanese	Korean	Lao	Persian	Polish
Portuguese	Russian	Spanish	Tagalog	Thai	Tribal	Vietnamese	Urdu
Yiddish	Other:						
Secondary Language (circle one)							
None							
American Sign Language	Arabic	Armenian	Chinese	Creole	English	French	German
Greek	Hindi	Hmong	Japanese	Korean	Lao	Persian	Polish
Portuguese	Russian	Spanish	Tagalog	Thai	Tribal	Vietnamese	Urdu
Yiddish	Other:						

*** High School Education** (choose one)

High school diploma/GED year: _____

* Send a copy of your transcript or diploma to verify your graduation. If you have a degree from an institution of higher education, you do not need to send your high school transcript or diploma.

No High School/GED Diploma

*** Higher Education**

The Wisconsin Registry will only accept official transcripts from accredited institutions of higher education. Official transcripts must be sent to the Wisconsin Registry in an unopened, originally sealed envelope or by secure email from the institution of higher education.

Education Type	Graduation date (if applicable)	Institution	Major
1 year diploma			
Associate Degree			
Bachelors Degree			
Masters Degree			
Doctorate Degree			
Some College			

DPI teaching license # _____ **Date Issued** _____ **Expiration Date** _____

12 credit Registry Infant Toddler Credential

12 credit Registry Inclusion Credential

12 credit Registry Leadership Credential

15 to 18 credit Registry Preschool Credential

18 credit Registry Administrator Credential

***Other Education**

5 credits - Mentor and Mentor-Protégé Courses

9 credit Family Service Credential

Non-credit Family Service Credential

School Age Credential

Approved Montessori Training (AMI)

Approved Montessori Training (AMS)

Apprenticeship Certificate

Infant, Early Childhood and Family Mental Health Certificate

Child Development Associate (CDA) Expiration Date: _____/_____/_____

Registry Barcoded training

Training certificates

Licensing Continuing Education Form

CPR/AED

First Aid

Shaken Baby Syndrome

SIDS Training

DCF Infant/Toddler Certificate

Infant/Toddler

Family Child Care

Preschool

Home Visitor

Infant/Toddler Bi-lingual

Family Child Care Bi-lingual

Preschool Bi-lingual

Home Visitor Bi-lingual

Employment and Child Care and Education Experience

All fields are required. Only complete employment records will be added to your record. Do not send a resume.

Position Codes (to be used in sections A and B)

Position Title in Regulated Childhood Care and Education	Other Positions
1) Center Director licensed for 50 or fewer 2) Center Director licensed for 51 or more 3) Center Administrator 4) Teacher 5) Assistant Teacher 6) School-Age Program Leader/Teacher 7) School-Age Group Leader/Assistant Teacher	8) School-Age Director licensed for 50 or fewer 9) School-Age Director licensed for 51 or more 10) Licensed Family Child Care Provider 11) Certified Family Child Care Provider 12) Student Teacher 13) Non-Teaching Staff 14) Non-Regulated Family Child Care 15) Agency Staff 16) College Faculty 17) Consultant 18) Government Agency Staff 19) Licensor 20) Trainer 21) Childhood Professional

A. Current Position Information

Check here if not currently employed

License Number:	or	Provider Number (include 3-digit location code):	Position Code:
Employer Name:			Start Date: / /
Street:			
City:	State:	Phone: ()	
Average # of hours worked per week:		Number of months worked per year:	
Ages of those with whom you currently work: (please check all that apply)			
<input type="checkbox"/> Infants (0-12 months)	<input type="checkbox"/> School Age (Grades K-5)	<input type="checkbox"/> Adults	
<input type="checkbox"/> Toddlers (13-36 months)	<input type="checkbox"/> Middle School (Grades 6-8)		
<input type="checkbox"/> Preschool (37 months to Pre-K)	<input type="checkbox"/> Secondary (High School)		

Wage Information

Hourly wage: _____ or Gross annual salary if a family provider: \$ _____

Date of last wage increase at primary position: ____/____/____ (the one where you spend the majority of your time)

B. Previous and Verifiable Experience (List additional employment on another paper if necessary)	
License Number: _____ or Provider Number (include 3-digit location code): _____	Position Code: _____
Employer Name: _____	Start Date: / / End Date: / /
Street: _____	
City: _____	State: _____ Phone: () _____
Average # of hours worked per week: _____	Number of months worked per year: _____
Ages of those with whom you currently work: (please check all that apply)	
<input type="checkbox"/> Infants (0-12 months)	<input type="checkbox"/> School Age (Grades K-5) <input type="checkbox"/> Adults
<input type="checkbox"/> Toddlers (13-36 months)	<input type="checkbox"/> Middle School (Grades 6-8)
<input type="checkbox"/> Preschool (37 months to Pre-K)	<input type="checkbox"/> Secondary (High School)
Wage Information	
Hourly wage: _____ or Gross annual salary if a family provider: \$ _____	
Date of last wage increase at primary position: ____/____/____ (the one where you spend the majority of your time)	
Main Reason for leaving: (circle one)	New job (in field) New job (outside field) Program Closed Moved Personal Wages Retired

B. Previous and Verifiable Experience (List additional employment on another paper if necessary)	
License Number: _____ or Provider Number (include 3-digit location code): _____	Position Code: _____
Employer Name: _____	Start Date: / / End Date: / /
Street: _____	
City: _____	State: _____ Phone: () _____
Average # of hours worked per week: _____	Number of months worked per year: _____
Ages of those with whom you currently work: (please check all that apply)	
<input type="checkbox"/> Infants (0-12 months)	<input type="checkbox"/> School Age (Grades K-5) <input type="checkbox"/> Adults
<input type="checkbox"/> Toddlers (13-36 months)	<input type="checkbox"/> Middle School (Grades 6-8)
<input type="checkbox"/> Preschool (37 months to Pre-K)	<input type="checkbox"/> Secondary (High School)
Wage Information	
Hourly wage: _____ or Gross annual salary if a family provider: \$ _____	
Date of last wage increase at primary position: ____/____/____ (the one where you spend the majority of your time)	
Main Reason for leaving: (circle one)	New job (in field) New job (outside field) Program Closed Moved Personal Wages Retired

Application Checklist–Please review before submitting application

Your application will be placed on hold if the following items are missing:

- Required documentation
- Birth date and last 5 digits of social security number

Your certificate will only reflect the information sent to us for verification. Remember to include the following items that may apply:

- Entry Level documentation (ex. copies of entry level completion postcards, DPI certificate from high school, other certificates)
- Copy of DPI teaching license if one has been awarded
- Copy of *current* CPR/First Aid card (both sides)
- Shaken Baby Syndrome training certificate
- SIDS training certificate

Follow the One Envelope Rule:

We will begin processing your membership application on the date we receive your one envelope. No additional documentation will be accepted for this membership year. Include all documents. Your membership expires one year from the date we receive your application.



Please note that by submitting this application you are certifying that:

- 1. All information provided for this and all future applications is true and correct.***
- 2. The applicant is responsible for the information provided in this and all future applications.***
- 3. The Wisconsin Registry Board, employees, and agents are hereby indemnified against any claims whatsoever arising out of or connected with the information and/or any subsequent professional placement.***
- 4. The Wisconsin Registry is a public entity and will protect the confidentiality of personal information provided to the extent permitted under state and federal law.***

Your name, program name, program address and education may be released to organizations, county and state agencies, individuals sponsoring training events, parent information and research surveys. Your name will not be released to advertisers. This also applies to any subsequent information sent to the Wisconsin Registry. To view our privacy policy, please visit our website at <http://the-registry.org/Portals/0/Documents/PrivacyPolicyWI.pdf>

Mail to: Wisconsin Registry * 2908 Marketplace Drive #103 * Fitchburg, WI 53719

Registry Application Additional Instructions

To make sure your certificate is accurate; please fill out the application completely. All sections are required. **Be sure to send verification for items indicated by an *. Omitted items cannot be assessed or added to your record.**

Personal Information

- Birth date/Social Security number - In the interest of security, the Wisconsin Registry no longer records your social security number. We now ask for the last 5 digits of your social security number along with your birth date. This allows us to add accuracy and privacy regarding your record.

Education Information

- Please indicate all education obtained. Remember to send documentation for all training you have attended that is not being reported to the Wisconsin Registry directly.
- If you have earned a degree, please have your institution of higher education send an official transcript to the Wisconsin Registry. Transcripts must be sent directly to the Wisconsin Registry in an unopened, originally sealed envelope or by secure email from your institution of higher education. Only official transcripts from accredited institutions of higher education will be accepted.
- Please send copies of your Entry Level course completion postcards if the coursework was completed prior to July 2004.

Employment and Child Care and Education Experience.

- Choose a position code from the list and enter it in the appropriate box in Sections A and B. If the exact title for your position is not reflected in the code list, please choose the title code that *most closely* fits.
- List each position separately. If you hold or have held more than one position for the same employer, list those positions separately. If you currently have more than one employer or position, enter your primary position as the current position and your secondary position in section B.
- If you have held the same position at more than one place of employment, list each employer separately.
- Attach additional paper if more space is needed.

Child Care and Education Experience

- License/Provider Number
 - Licensed programs have this number on the DCF license posted in the center
 - Certified providers will find this number on their county certification document
 - Public School - Exempt Program
- Position Code – you can find the list of code numbers right above this section.

Application Type

- **New Application** - Choose if you have not applied to the Wisconsin Registry previously. Choose this option if you have not received a Registry professional certificate. You could have a record on file with the Wisconsin Registry that was created by a Registry Approved Trainer. To avoid creating a duplicate account, please contact our office if you are unsure.
- **Standard Renewal Application** - Choose if you are renewing before your current certificate expires. You need not send any documentation previously sent.
- **Expired Renewal Application** – Choose if your certificate has expired. When applicable, we appreciate the opportunity to reevaluate your transcripts to ensure that your education is properly reflected on your Registry certificate in alignment with the latest licensing guidelines. If your certificate has been expired more than five years, please submit your official transcripts in an unopened, originally sealed envelope for review.

Continuing Education

- Submit continuing education documentation for training obtained in the previous year. To determine your continuing education year, start with the month your application is submitted to the Wisconsin Registry and count back 12 months. Training within that time frame will be considered. Trainings indicated on a barcode do not expire and may be submitted no matter when the training occurred.

* Please note: Files that have been inactive for more than 5 years are purged.

Professional Organization Membership

Please list specific organizations and dates for each membership. Copies of certificates or membership cards may serve as verification.

Name of Organization	Membership Role	Date of Membership
	<input type="checkbox"/> Member <input type="checkbox"/> Leadership	
	<input type="checkbox"/> Member <input type="checkbox"/> Leadership	
	<input type="checkbox"/> Member <input type="checkbox"/> Leadership	

Professional Contributions

Please check all professional contributions made this year. Copies of certificates, contact names and phone numbers or letters may serve as verification.

- Presenter of one applicable workshop in the past year
- Recipient of an award specific to the childhood or school age care and education profession
- Validator for NAEYC, observer for NAFCC, endorser for NSACA or Head Start Peer reviewer
- CDA/Credential Advisor, Mentor, Journeyman, or Commissioner for Registry Credentials
- Supervisor of students enrolled in a formal degree program
- Consultant on issues specific to childhood or school age care and education
- Registry Ambassador
- Registry Approved Trainer
- Registry Approved Technical Assistance Professional
- Board Member of a statewide or national professional child care or school age organization
- Author of a published article related to child care or school age care
- Chairperson of a local or statewide conference subcommittee
- Teacher or Director of NAEYC, NAC, City of Madison, NSACA, accredited program or one with comparable accreditation
- Instructor of a childhood or school age care and education course at an institute of higher education
- Accredited family child care provider or program with comparable accreditation
- Officer of the Board of a statewide or national professional child care or school age organization
- Overall coordinator of a child care or school age conference
- List any volunteer or outside activity that benefits children and families

Activity: