



HAWAII CAREERS WITH YOUNG CHILDREN

# Registry

## Renewals & Updates

# Form 1-A Renewals & Updates

**For Office Use Only:**

Received Date: \_\_\_\_\_

Position at GCC: \_\_\_\_\_

Position at I/T: \_\_\_\_\_

Framework Level: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

This form is for updates & required renewals as described by the Department of Human Services (DHS) for employment in a DHS licensed preschool, infant/toddler program, and group child care home. The Registry assists DHS in confirming your education and training experience to determine position(s) you qualify for under state child care licensing rules. Once your application is processed, you will receive a new and updated Registry ID Card if there is a change in name, position qualifications or replacement of a lost card.

**ORIGINAL applications ONLY: No faxes or copies accepted.**

### SECTION A: PERSONAL INFORMATION

Legal Name:	Former names/aliases:	Registry ID No:	Today's Date:
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### SECTION B: UPDATED INFORMATION

Please indicate all sections you are updating. When submitting updates, please include required documentation.

<input type="checkbox"/> Personal Information (Section C)	<input type="checkbox"/> Current Employment (Section D)	<input type="checkbox"/> Education & Credentials (Section E)
<input type="checkbox"/> Student Teaching/Practicum (Section F)	<input type="checkbox"/> Required Training (Section G)	<input type="checkbox"/> Replacement Card / Renewal

### SECTION C: UPDATED PERSONAL INFORMATION

Name Change:  
(attach supporting documentation such as marriage or divorce certificate)

Home Address:	Unit No:	
City:	State:	Zip:
Mailing Address, if different:	Unit No:	
City:	State:	Zip:
Email Address:	Phone:	Alt Phone:

### SECTION D: IF APPLICABLE, UPDATED CURRENT EMPLOYMENT INFORMATION (TO BE COMPLETED BY THE DIRECTOR)

Business Name:	Site Name (If business has multiple sites):			
Site Mailing Address:				
City:	State:	Zip:		
Practitioner's Position:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time @ _____ hours/week		
Practitioner'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:		
_____ Director to initial if orientation training has been completed for this individual. This must be verified in order to complete the renewal/update.				
* Director's Signature:	Date:			
<input type="checkbox"/> Center Director	<input type="checkbox"/> School Principal	<input type="checkbox"/> Human Resource Officer	<input type="checkbox"/> Owner	

**SEND COMPLETED APPLICATION AND ATTACHMENTS TO:**

PATCH

ATTN: REGISTRY

560 N. Nimitz Hwy. Suite 218  
HONOLULU, HAWAII 96817

**SHOULD YOU HAVE QUESTIONS OR NEED  
ADDITIONAL ASSISTANCE PLEASE CONTACT US**

PHONE (808)791-2126

(808)839-1791

Registry@patch-hi.org

Www.PatchHawaii.org



Supporting Hawaii's Child Care Needs

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**SECTION E: EDUCATION & CREDENTIALS**

Please indicate all levels of education. In addition, you must provide documentation, including copies of diploma, transcripts, credentials, etc. to complete application.

	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		
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"/> Orientation Training in Center	<input type="checkbox"/> Montessori Associate Credential (MAC) Awarded date:
<input type="checkbox"/> Association Montessori International (AMI) Awarded date:	

**SECTION F: STUDENT TEACHING, INTERNSHIP, PRACTICUM, VOLUNTEER (LIST ALL RELATED EXPERIENCES)**

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 and 35 mon.) <input type="checkbox"/> Preschool (3-5 yrs) <input type="checkbox"/> Mixed Ages (6wk—5yrs) <input type="checkbox"/> School Aged (K—13yrs.)			

**SECTION G: REQUIRED CREDIT AND/OR TRAINING IN EARLY CARE & EDUCATION FOR A POSITION IN A LICENSED FACILITY**

DHS child care licensing rules require specific training hours and/or college credits for various positions. Please list training and/or coursework that is applicable, based on the type of setting you are or will be working in. You must include documentation (i.e. college transcripts or workshop/class certificates).

**Preschool Child Care Programs:** You must show *credits* in child development and/or early childhood.

Course Title	School/Facility	# of Credits	# of Hours	Date Completed

**Infant/Toddler Child Care Programs:** You must show *credits or hours* in child development and/or early childhood.

Course Title	School/Facility	# of Credits	# of Hours	Date Completed

**FINAL SECTION**

The information presented in this application is complete and accurate to the best of my knowledge. My signature testifies to the fact that there are no other changes to report as of the date signed below. **\*APPLICATIONS MUST HAVE ORIGINAL SIGNATURES**

Signature:	Date:
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Application must include Director's signature in Section D

Copies of documentation as described in Section E and Section G