

How to Apply to The Montana Early Care and Education Practitioner Registry

Step 1: Create a Log In ID and Password

When applying to The Practitioner Registry for the first time, register as an Individual.

If you already have an ID and Password and know it, skip to page 3

If you have an ID and Password but do not remember it, click on [Forgot user id or password?](#) below.

***All information in the application process with an asterisk is required information**

Click here

montana
early childhood project

Early Childhood Project Sign In

User Type: Individual Organization

Registry ID (Not PS#): *

Password: *

[Forgot user id or password?](#)

Don't have a user account?
[Register as a...](#)
[Individual](#)
[Trainer](#)
[Direct Care or Sponsor Organization](#)

Fill out the below information, be sure to use the **last 5 of Social Security Number (SSN)**.

Locate Online Application

You may have an account already set up. Please enter the following information so that we can locate your online application.

First Name*:

Last Name*:

Email Address*:

Birth Date*:

Last 5 Digits of SSN*:

If you have a PS# and work at a state licensed or registered program the system will recognize you and your screen will look like the screen shot below with your information listed.

Fill out the information requested: Email address, select security question and security question answer.

Click Create Account and your ID and Password will be emailed to the email you provided.

Success!

An online application has been located using the information you provided. Click **Create Account** to establish a Registry user account. Your password will be sent to the email address you provide.

Is this your record?

Please note that this information may not be current. You will be able to update this information in your Registry online application once you have signed in.

Registry ID: 27275

Name: Donney, Danielle

City: Missoula, MT 59801

Email Address:

Security Question*: -- Select a Security Question --

Security Question Answer*:

If this is NOT your record:

[Contact Us](#)

Supply your full name, address, birth date, last five digits of your social security number and a phone number where you can be contacted.

If you have successfully created an account you will see the message below, check your email for your ID and Password.

Be sure to check your junk mail if the email is not in your inbox.

Success!

An email has been sent with your assigned password. Please sign in to complete your Registry online application. If you do not receive an email within the next few minutes, please use the [Contact Us](#) link to request assistance. Thank you for registering!

Go back to the home page and click on Log In. Enter in the information provided to you in the email and click Sign In.

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early childhood project

Early Childhood Project Sign In

User Type:

Individual
 Organization

Registry ID (Not PS#):

Password:

[forgot user id or password?](#)

Don't have a user account?
Register as a...
[Individual](#)
[Trainer](#)
[Direct Care or Sponsor Organization](#)

After logging in you will see your summary screen, here is where you will start the application process.

STEP 2: Online Application

Click here to start the process and click Apply. To learn more about PDS and Director Credential click the '?'.

Summary Personal Education Employment Training Professional

Welcome, Jennifer Abfalder
You have signed in but not submitted an application. Please submit below.

Registry ID: 17708

Jennifer Abfalder
16 Nightengale Drive
Billings, MT 59101-
ecp@montana.edu
[Change Email](#) [Change Password](#)

Application Reports:
[Professional Development Record - Core Knowledge Areas](#)

Become a Participant - \$25.00 ?

Become a Professional Development Specialist (PDS)/Trainer - No fee ?

Apply for the Montana Directors Credential - No fee ?

Apply

Click here to start application interview.

Registry Interview

Provide CURRENT information on the application to obtain a Registry Certificate for the first time or to remain current by renewing. As you move through each step, the information you enter will be saved. If you are unable to complete the entire application now, you may come back and complete it later.

Start Interview

Begin by updating all information on the Personal Section of the application. A current email address is essential because this is how the ECP sends reminders and updates about individuals accounts.

Fill in all information with asterisks (*).

The screenshot shows a web form for updating personal information. At the top, there are three buttons: '< Previous Step', 'Save and Continue >', and 'Return to My Profile'. The form fields are as follows:

- Registry ID: 27275
- PS# (Person Number):
- First Name*: Davile
- Middle Name:
- Last Name*: Donney (Dye)
- Individual's Email Address*: dfaykrisleash@montana.edu [More Info](#)
- Mailing Address: This is a business address
- Street Address*: 205 Friendship Ln
- Apt/Suite #:
- Zip*: 59801 City: Missoula State: MT
- County*: Missoula
- Home Address: Same as mailing address
- Street Address:
- Apt/Suite #:
- Zip: City: State:
- County:
- Home/Mobile Phone*: (000) 000-0000
- Work Phone: () -
- Fax: () -
- Birth Date*: March 10 1986
- Gender: Unspecified
- Race/Ethnic Background*: Unspecified
- Primary Language*: English
- Secondary Language: -- None --
- Preferred Training Language: -- None --

At the bottom, there are three buttons: '< Previous Step', 'Save and Continue >', and 'Return to My Profile'. A red circle highlights the 'Save and Continue >' button, with a red arrow pointing from the text below to it.

Click Save and Continue to the next section of the application.

Fill out all information that applies to you by clicking on the drop down box and selecting the item, as shown below and enter all required information for the item.

Education

| | | | | | | |
|----------------------|------------------|--------------------|----------|--------|---------------------------------------|--------------------|
| Personal Information | Education | Employment History | Training | Record | Professional Membership/Contributions | Submit Application |
|----------------------|------------------|--------------------|----------|--------|---------------------------------------|--------------------|

Complete all sections that apply to you. Be sure to click on each drop down box to see additional choices. The "Other Education" drop down box allows you to enter First Aid/CPR and NAFCC Accreditation.

High School

Click the Edit button to update your information [Edit](#)

Higher Education

Click the Add Item button to update your information

OPI License

Click the Add Item button to update your information

Montana Certificates

All entries must be verified by sending in copies of your certificates.

Other Education

Click the Add Item button to update your information

CDA Credential

Click the Add Item button to update your information

Click Continue.

Example for selecting education items:

Step 1:

Higher Education -- Add New --

Click the Add Item button to update your information

OPI License -- Add New --

Click the Add Item button to update your information

Montana Certificates -- Add New --

- Add New --
- One Year Certificate
- Associates Degree
- Bachelor's Degree
- Masters Degree
- Doctorate
- Some College

Step 2:

Early Childhood Project

Welcome [Sign Out] **Education**

Personal Education Employment Training Business Professions

Submit Application

Edit Education

Complete all sections that apply to you. Be sure to click on each drop down box to see additional choices. The "Other Education" drop down box allows you to enter First Aid/CPR and NAFCC Accreditation.

Higher Education

You must provide copies of your transcripts.

Associates Degree

Date*

Institution* US Accredited Other

Search for institutions by name or city

Major*

Minor

Existing Documentation

No documentation entered.

Cancel Save and Close

CDA Credential -- Add New --

Click the Add Item button to update your information

Enter in the dates as mm/dd/yyyy (10/12/2017)

Step 3:

Upload your information

Higher Education

Submitting transcripts with the required information the first time will expedite the processing of your application. To verify college education you must submit transcripts that include:

- First and last name (if last name on transcripts is different from your current last name, please write in your current last name on the document)
- Name of college/university
- Program of study (major, degree type, and/or minor)
- Course and grades with semester or quarter dates

If we do not receive transcripts with the above information included, you will be required to submit a **copy of OFFICIAL** transcripts.

Associates Degree

Date*

Institution* US Accredited Other

Search for institutions by name or city

Major*

Minor

Documentation

Upload New File:

Select

Cancel

Save and Close

Click here to select your files and upload. Save and Close.

Add Employment to enter you current and past employment

Employment History

Personal Information | Education | **Employment History** | Training | Record | Professional Membership/Contributions | Submit Application

Please add an employment record for every early care and education position you hold or have held in the past. This may include direct care with children and support agency employment. We will verify your experience.

- If you held more than one position for the same employer, enter a separate entry for each position.
- Enter an end date for any position which you no longer hold.

Add Position

Program

Click the Add Item button to update your information

< Previous Step | Continue > | Return to My Profile

Search your program by choosing one of the three options that fit your employment.

Select Employer Type

Personal Information | Education | **Employment History** | Training | Record | Professional Membership/Contributions | Submit Application

Select the option that best describes your employer:

- Select** **Montana Regulated Child Care**
Licensed/Registered by the state of Montana
- Select** **Montana Non-Licensed/Registered**
Montana programs not regulated by child care licensing and out-of-state programs
- Select** **Training or Local/State Agency**
Early care and education support agencies

Return to Employment List

Example 1:

Select Montana Regulated Child Care.

Search one of the ways below.

Search for: Montana Regulated Child Care

Use your license number to quickly find your employer.

Employer Name:

City:

PV#:

Head Start Grantee:

Tribal License:

School District Program:

Organization ID:

Search | **Start Over**

If your program is found, it will come up in a list on your screen, click the name of the program to select.

| Organization ID | Name | Address | License | Effective |
|-----------------|--|--|----------|-----------|
| 14939 | Little People's Academy | 1612 West Babcock Bozeman, MT 59715 | PV104366 | N/A |
| 16967 | Little People's Learning Center | PO Box 225 Yellowstone National, WY 82190 | PV87392 | N/A |
| 16819 | Sandra Rostad / Little People's World | 2361 W Kent Missoula, MT 59801-5309 | PV81656 | N/A |
| 16998 | Brandie Rahmsdorf / Little People Daycare | 270 West River Road Hamilton, MT 59840 | PV86678 | N/A |
| 16650 | Little People Child Care | 2218 Elizabeth St Billings, MT 59102-2114 | PV78382 | N/A |
| 15608 | Little Peoples Academy | 1612 West Babcock Bozeman, MT 59715 | PV76411 | N/A |
| 16691 | Little Peoples Lighthouse | 1955 Laknar Ln. Dillon, MT 59725 | PV79072 | N/A |
| 16014 | Nichole Wessler / Little Peoples Playhouse | 470 Thomsen Dillon, MT 59725 | PV86567 | N/A |
| 19661 | Susan Govins / Little People Day Care an | 3845 Remington East Helena, MT 59635 | PV77542 | N/A |
| 17244 | Young Peoples Academy | PO Box 1056 Bozeman, MT 59715 | PV84133 | N/A |

< Previous 1 2 3 4 5 6 7 8 9 10 Next >

Enter your position information and click Save.

Program Information

PV#: PV104366
Effective: N/A
Name: Little People's Academy LLC
Address: 1612 W. Babcock, Bozeman, MT 59715
Gallatin County
Phone: (406) 585-9030
Email: director@lpamt.com

Position Information

Title*: -- Make a selection --
Hours Per Week*:
Months per year*:
 This is my primary employee

Age of Children:
 Infants (0-12 months) Middle (6th-8th grade)
 Toddlers (13-36 months) Secondary (High School)
 Preschoolers (37 months – Pre-K) Adults
 Elementary (K-5th grade)

Start Date*: (mm/dd/yyyy)
End Date: (mm/dd/yyyy)
Hourly Wage: \$
Date of last wage increase:
Status: Pending

Example 2:

Select Montana Non-Licensed/Registered

Enter all required information about your employment, click Save and Continue.

Enter Employer Details

| Personal Information | Education | Employment History | Training | Record | Professional Membership/Contributions | Submit Application |
|----------------------|-----------|--------------------|----------|--------|---------------------------------------|--------------------|
|----------------------|-----------|--------------------|----------|--------|---------------------------------------|--------------------|

Employer's Name*:

Program Type*:

Contact First Name:

Contact Last Name:

Mailing Address*:

Suite/Box#:

Country:

Zip*: City*: State:

County*:

Phone*:

Fax:

Enter all position information and Save.

Position Details

| Personal Information | Education | Employment History | Training | Record | Professional Membership/Contributions | Submit Application |
|----------------------|-----------|--------------------|----------|--------|---------------------------------------|--------------------|
|----------------------|-----------|--------------------|----------|--------|---------------------------------------|--------------------|

Program Information

Name: Danielle Donney

Address: 205 Friendship Ln, Missoula, MT 59801
Missoula County

Phone: (000) 000-0000

Position Information

Title*:

Hours Per Week*:

Months per year*:

This is my primary employer

Age of Children:

Infants (0-12 months) Middle (6th-8th grade)

Toddlers (13-36 months) Secondary (High School)

Preschoolers (37 months -- Pre-K) Adults

Elementary (K-5th grade)

Start Date*: (mm/dd/yyyy)

End Date: (mm/dd/yyyy)

Hourly Wage: \$

Date of last wage increase:

Status: Pending

Example 3:

Select Training or Local/State Agency
Search one of the three ways below, click Search.

Employer Search

Personal Information | Education | **Employment History** | Training | Record | Professional Membership/Contributions | Submit Application

Search for: Training or Local/State Agency

Employer Name:

City:

Organization ID:

Search Start Over

Select your employer from the list that appears by clicking on the name of the agency.

Employer Search

Personal Information | Education | **Employment History** | Training | Record | Professional Membership/Contributions | Submit Application

Search for: Training or Local/State Agency

Employer Name:

City:

Organization ID:

Search Start Over

Click on the Organization ID or Name to add that facility to your employment record.

| Organization ID | Name | Address |
|-----------------------|---|--|
| 14878 | Body in Balance, LLC | 2820 Spurgin Road Missoula, MT 59804 |
| 14700 | CCR&R: Child Care Resources | 105 E. Pine St., Lower Level Missoula, MT 59802 |
| 14824 | Child Care plus+ | 700 SW Higgins Missoula, MT 59803 |

Enter all required position information, upload your employment verification form, click Save.

Position Information

Title*:

Hours Per Week*:

Months per year*:

This is my primary employer

Age of Children:

Infants (0-12 months) Middle (6th-8th grade)

Toddlers (13-36 months) Secondary (High School)

Preschoolers (37 months – Pre-K) Adults

Elementary (K-5th grade)

Start Date*: (mm/dd/yyyy)

End Date: (mm/dd/yyyy)

Hourly wage at this position : \$

Date of last wage increase:

Status: Pending

Employment 

[Add Documentation](#)

 No documentation entered.

[Save](#) [Cancel](#)

Click Return to Employment when done entering all employment information.

Position Details

| | | | | | | |
|----------------------|-----------|--------------------|----------|--------|---------------------------------------|--------------------|
| Personal Information | Education | Employment History | Training | Record | Professional Membership/Contributions | Submit Application |
|----------------------|-----------|--------------------|----------|--------|---------------------------------------|--------------------|

Select the option that best describes your employer:

[Select](#) **Montana Regulated Child Care**
Licensed/Registered by the state of Montana

[Select](#) **Montana Non-Licensed/Registered**
Montana programs not regulated by child care licensing and out-of-state programs

[Select](#) **Training or Local/State Agency**
Early care and education support agencies

[Return to Employment List](#)

Click Continue

Employment History

Personal Information | Education | **Employment History** | Training | Record | Professional Membership/Contributions | Submit Application

Please add an employment record for every early care and education position you hold or have held in the past. This may include direct care with children and support agency employment. We will verify your experience.

- If you held more than one position for the same employer, enter a separate entry for each position.
- Enter an end date for any position which you no longer hold.

[Add Position](#)

| Program | Title | Wage | Start | End | Status | |
|-----------------------------|-------------------------|------|----------|---------|---------|---|
| Child Start Inc., Headstart | Early Childhood Teacher | N/A | 2/1/2015 | Present | Pending | Edit Remove |

< Previous Step | **Continue >** | [Return to My Profile](#)

If you choose to enter no employment you will view this message. Choose I have no relevant employment history or click Add Employment to add your employment information.

Please add an employment record for every early care and education position you hold or have held direct care with children and support agency employment. We will verify your experience.

- If you held more than one position for the same employer, enter a separate entry for each
- Enter an end date for any position which you no longer hold.

Program

Missing Employment

You have not entered any employment history. [Update your information](#)

[I have no relevant employment history](#)

[Add employment](#)

View your training record, if there are trainings that have ECP approval codes you may add them here, you will need to provide us with certificates to be verified. Click Continue.

Training Record

| | | | | | |
|----------------------|-----------|--------------------|------------------------|---------------------------------------|--------------------|
| Personal Information | Education | Employment History | Training Record | Professional Membership/Contributions | Submit Application |
|----------------------|-----------|--------------------|------------------------|---------------------------------------|--------------------|

:

This is a record of approved training you have completed. You now have the ability to add an approved training event that is not listed below. Your attendance will be verified by the ECP.

1. Here you will enter the training code number from your approved training. This approved training code number can be found on the Certificate of Attendance.
2. [Individual Request Forms](#) for training approval must be submitted by mail within 3 months of the completion date. They will be evaluated and added to your record by the Early Childhood Project.
3. A copy of your college transcript must be submitted with your renewal to the Registry to receive training hours. They will be evaluated and added to your record by the Early Childhood Project.

Event ID:

Title _____

Click the Add Item button to update your information

Add any Professional Membership and/or Professional Contributions by using the drop down box and selecting what applies to you. Click Save and Continue.

| | | | | | |
|----------------------|-----------|--------------------|-----------------|--|--------------------|
| Personal Information | Education | Employment History | Training Record | Professional Membership/Contributions | Submit Application |
|----------------------|-----------|--------------------|-----------------|--|--------------------|

Professional Organization Membership & Contributions

Professional Memberships

Early childhood professionals are strongly encouraged to join and participate in a professional organization to stay current in the field. There are other ways to contribute to the early childhood profession which you may indicate below.
These are not requirements to be current on The Practitioner Registry and therefore you do not need to send documentation.

Memberships

Professional Contributions

Contributions

Note: If you forgot to add any information you may click Previous Step and back up to any page and add additional information.

You are now ready to submit your application, read all information provided and click Submit Application.

Submit Application

| | | | | | | |
|----------------------|-----------|--------------------|----------|--------|--|--------------------|
| Personal Information | Education | Employment History | Training | Record | Professional Membership/ Contributions | Submit Application |
|----------------------|-----------|--------------------|----------|--------|--|--------------------|

Instructions:

This is the final step in completing the online application update process. Please check that all information is accurate. Once you press the **Submit Application** button below, your account will be locked and you will not be able to edit until your application has been approved.

What is next?

Once you press **Submit Application** below, the following will occur:

- Your account will be locked. You will only be able to view your records.
- A confirmation email will be sent to you with a list of documentation to send in.
- Early Childhood Project staff will review your documents and process your application.
- Early Childhood Project staff will mail your Registry Certificate and unlock your account.

The next step toward completing the process is for you to send us verification documents with your check, money order or pay online after you click on "Submit Application" below.

Application Selections

| Item | Level | Expires | Fee* |
|-------------------------------|----------------|---------|----------------|
| Career Level | None - Initial | N/A | \$25.00 |
| Total Processing Fee*: | | | \$25.00 |

*A submission fee is required where noted in order to process your Online Application. All fees are subject to change without notice.

Will you be sending documentation to the Registry?

- No, I will not be sending in documentation
 Yes, I will be sending in documentation

< Previous Step **Submit Application**

Cancel

You may pay online by clicking here or you may send a check or money order with your documentation.

My Personal Profile

Summary Personal Education Employment Training Professional

Welcome, Jennifer Abfalder
Your application was submitted on 2/13/2015.

Become a Participant - \$25.00 ?
 Become a Professional Development Specialist (PDS)/Trainer - No fee ?
 Apply for the Montana Directors Credential - No fee ?

Apply

Application Submission Fee:
Your Registry application fee has not yet been received. If you sent a check, please allow two to three weeks for payment processing. Otherwise, you can pay online now.

Invoice: 17708-20150213-2
Status: Unpaid
Amount: \$25.00

Invoice Payment:
Coupon Code: [Apply](#)

Pay Online

Documentation Pending

You must send in the following documentation:

1. High school diploma (if you did not attend college):
 - o High School: 0868

For Practitioner Registry:

Complete the [Registry Employment Verification Form](#) and upload to your Employment tab.

TRANSCRIPTS MUST INCLUDE:

- First and last name (if last name on transcripts is different from your current last name, please write in your current last name on the document)
- Name of college/university
- Program of study (major, degree type, and/or minor)
- Course and grades with semester or quarter dates

If we do not receive transcripts with the above information included, you will be required to submit a **copy of OFFICIAL** transcripts.

I have no documentation to submit

STEP 3: Verify your Application Information

If you did not upload your documentation – **Email all documents to ECP!!!**

Note: All initial applications MUST email or upload in documentation to verify.

You will receive an email requesting documentation to complete your application.

Once we receive your documentation, we will review the information you provided us and if it is all complete we will place you at a level and send you a certificate.

If your information is *incomplete* we will email you at the email address you provided requesting additional information.

Thank You!