

Setting Up Your Program to Register Staff for Trainings

Step 1: Get an organization account

Click on 'Direct Care or Sponsor Organization' under 'Don't have a user account?'

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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 all required information.

Contact Info	ID Numbers	Organization Type	Address
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Organization Registration

Please fill out the form below to register your organization. Fields marked with * are required. Use the [Contact Us](#) form if you have any questions or concerns about the organization registration process.

Primary Contact Information for Organization

First Name*: Last*:

Email Address*:

Phone: () - Ext.:

Are you an Early Childhood/School-Age Program?

Choose "Yes" if you are a state licensed/registered child care program that requires a facility PV number OR if you are a state licensed-exempt program providing direct care and education to children.

Yes, this organization provides direct care and education to children.
 No, this organization is not state/licensed registered and does not provide direct care and education to children.

Contact Info	ID Numbers	Organization Type	Address
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Organization Identification

You indicated that this organization provides early care and education to children. Please answer the questions on the following pages.

Are you a state licensed/registered child care program?

Your PV# number can be found on the program's state child care license or registration certificate.

Yes

Provide your PV# (required):

No

Are you a child care program in partnership with Head Start?

If you are a child care program that partners with Head Start, select the Head Start grantee.

Yes

Select your Head Start grantee (required):

No

Are you a Head Start grantee or Head Start site?

If your organization receives Head Start funding to offer direct services to children and families, please indicate whether your organization is the grantee (primary recipient of the Head Start dollars) or a Head Start site (a site selected by the grantee to be the physical host for Head Start supports).

Yes. Please specify your organization type:

Head Start Grantee

Head Start Site

Select your Head Start grantee (required):

No

Are you tribally licensed?

If your organization or business is licensed by a tribe to provide child care, please report the tribe which licenses you and the license number, if one was issued.

Yes

Enter your tribal license number (optional):

What is the name of your tribe?

No

Are you a program within a school district?

If your organization is an official program of a school district, we'd like to know with which school district you are affiliated.

Yes. Please specify your organization type:

Preschool

Early Childhood Special Education

Preschool & Early Childhood Special Education

Before or After School

Select your school district (required):

No

Are you a child care program in partnership with a school district?

If you are a child care program in partnership with a school district, select the school district.

Yes

Select your school district (required):

No

Is your program participating in the Montana Child and Adult Care Food Program (CACFP)?

Please indicate whether or not your program is participating in the Montana Child and Adult Care Food Program (CACFP). If you are a CACFP participant, please provide your CACFP ID number.

Enter your PV# here if you do not have/know your CACFP number.

Yes

Enter your CACFP ID number (required):

No

Are you a state-licensed child care program in partnership with military child care?

If you are a state licensed child care program in partnership with military child care, please enter the name of the military base with which you partner.

Yes

Military base:

No

Click Next.

Once you enter your PV# your program will be found. Click Next.

Contact Info	ID Numbers	Organization Type	Address
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We found the following program data using the identification numbers you provided. Confirm the program(s) found are correct.

Bozeman, MT 59718

PV#: PV

Fill in information if applicable.

Contact Info	ID Numbers	Organization Type	Enrollment	Address
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Organization Type

Training Sponsor Organization

Check if your organization is a sponsor of training events. This means that you will be able to apply for course approval and schedule events.

Program Accreditation:

Select the accreditations your program holds:

-- Select Accreditation --

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Fill out the enrollment information page. Click Next.

Contact Info	ID Numbers	Organization Type	Enrollment	Address
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Enrollment :

As of July 1, 2015

Programs must serve a minimum 10% high needs children in their programs at STAR 1, STAR 2, STAR 3, and STAR 4. STAR 5 (after 3 renewals) and STAR 5 programs must serve a minimum 15% high needs children. This percentage will be figured from the Average Daily Attendance (ADA) or licensed capacity, whichever is less. High Needs is defined as:

Children receiving services from the following:

- Part B
- Part C
- Home Visiting programs
- Children's Mental Health Bureau
- Children and Family Services Division
- Evidence that the child has special healthcare needs (such as food allergies, asthma, diabetes, special dietary restrictions, on extended prescribed medication, etc.)
- Infants 0-19 months of age (program must be serving this population, not just licensed for this population)
- Enrolled Tribal member
- Children of teenage parent(s)
- Children being served through Best Beginnings subsidy
- Children of migrant families
- Children who are homeless
- Other children as identified by the Early Childhood Services Bureau

Programs will be required to report the percentage of high needs children based off of ADA or licensed capacity, whichever is less.
If you do not serve the age group or have high needs in a specific age group you must enter 0

Number of Classrooms / Groups:


Infants (0-12 months):	<input type="text" value="0"/>	High Needs:	<input type="text" value="0"/>
Toddlers (13-36 months):	<input type="text" value="0"/>	High Needs:	<input type="text" value="0"/>
Preschoolers (37 months – Pre-K):	<input type="text" value="0"/>	High Needs:	<input type="text" value="0"/>
Elementary (K-5th grade):	<input type="text" value="0"/>	High Needs:	<input type="text" value="0"/>

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Confirm or change information if needed. Click Submit.

Organization Address

Organization Name*:

Physical Address 

Address Line 1*:

Line 2:

Country:

Zip*: City*: State*:

County*:

Mailing Address Same as physical address

Address Line 1*:

Line 2:

Country:

Zip*: City*: State*:

County*:

Phone*:

Fax:

Web Site:

Additional Info: Enter any additional information about your organization that you would like to appear on this web site.

Communication Preferences

The Early Childhood Project sends periodic communications.

- Unsubscribe**
You will continue to receive emails regarding your account.
- Subscribe**

« Previous

Submit

The below message will show on the page.

Thank You For Registering Your Organization!

You will be sent login information via email. The approval process may take up to five business days. When you receive your login information you will be able to log in and access your organization profile and if you are registering as a Training Sponsor, you will be able to apply for course approval and schedule events.

If you have any questions, or do not hear from us within five business days, please use the [Contact Us](#) form to request assistance.

Step 2: Employees set up accounts and enter employment

The *best* way to use this process for Online Registration is for ALL staff to become current on The Practitioner Registry. If staff are on the Registry the following steps are irrelevant, because accurate information is part of their Registry account. (See User Guide for Practitioner Registry at www.mtecp.org)

It is important that this step is done by the individual to ensure correct personal information.

If individual already has an ID and Password and knows it, skip to page 3

If individual has an ID and Password but does not remember it, click on Forgot user id or password? below.

Click here

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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*:

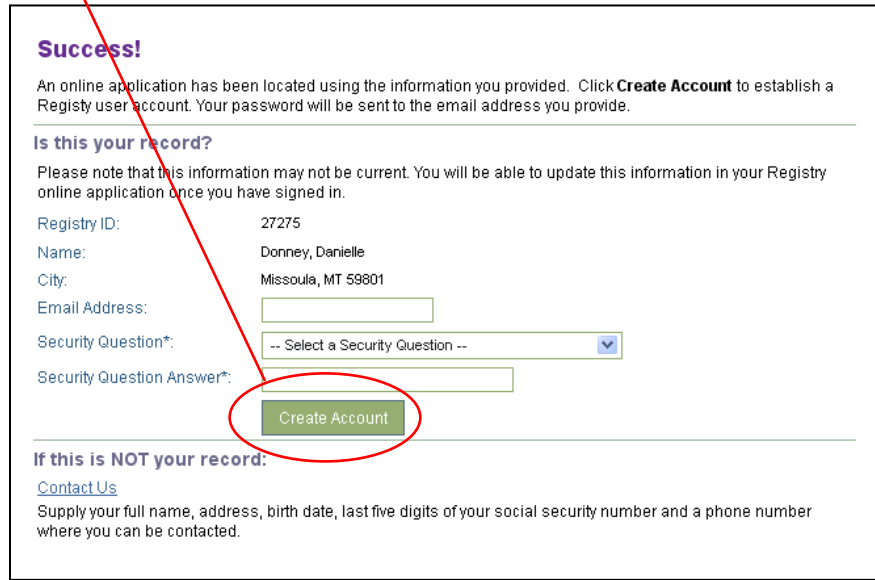
Last 5 Digits of SSN*:

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.

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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*:

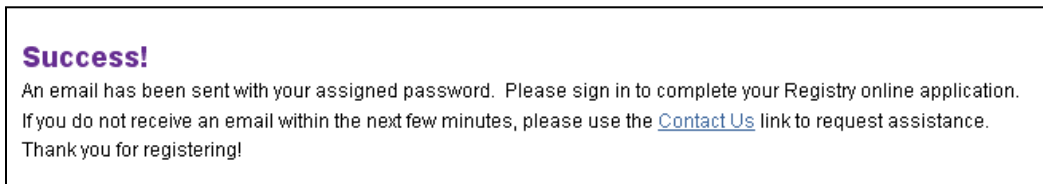
Create Account

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!

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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 Sign In

User Type: Individual Organization

Registry ID (Not PDS#):

Password:

[Forgot user id or password?](#)

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

Log into individual account. Click on the Employment tab.

My Personal Profile

[Summary](#) [Personal](#) [Education](#) [Employment](#) [Training](#) [Professional](#)

Welcome, Donna Aabytest

You have signed in but not submitted an application. Please submit below.

Registry ID: 9372

Donna Aabytest

20 N. Custer
East Helena, MT 59301

donna.aabytest@mail.com
[Change Email](#) [Change Password](#)

- Become a Participant - \$25.00
- Become a Professional Development Specialist (PDS)/Trainer - No fee
- Apply for the Montana Directors Credential - No fee
- Become a Technical Assistance Specialist - No fee
- Apply for the Early Intervention (EI) Specialist Certification - \$25.00

Application Reports:

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

Add employment information. Click Edit Employment.

My Personal Profile

[Summary](#) [Personal](#) [Education](#) [Employment](#) [Training](#) [Professional](#)

Employment History:

⚠ No employment records have been added to this Online Application

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Click Add Position.

Employment History

Finished Employment

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

Search Montana Regulated Child Care.

Select Employer Type

Select the option that best describes your employer:

Select

Montana Regulated Child Care

This includes licensed child care centers and registered family and group child care homes with a PV#.

Select

Montana Non-Licensed/Registered or Public School

This includes Public Schools, Early Intervention Agencies and out-of-state entities.

Select

Training or Local/State Agency

This includes early care and education support agencies.

Return to Employment List

Enter PV# below. Click Search

Employer Search

Search for: Montana Regulated Child Care

Use your license number to quickly find your employer.

Organization ID:

Employer Name:

City:

PV#:

Search

Head Start Grantee:

Tribal License:

School District Program:

Start Over

Click on the name of your program.

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

Organization ID	Name	Address	License	Effective
21198	Discovery Preschool & Childcare Ctr	518 South Ave W Missoula, MT 59801	PV89404	N/A

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Confirm that this is the correct program.

Position Details

You selected the following program. Confirm the selected program is correct.

Program Information

PV#:	PV89404
Effective:	N/A
Name:	Discovery Preschool & Childcare Ctr
Address:	518 South Ave W, Missoula, MT 59801 Missoula County
Phone:	(406) 543-0879
Email:	Lori.Crounjest@email.com

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Enter Employment information and Save.

Position Details

You selected the following program. Confirm the selected program is correct.

Program Information

PV#: PV89404
Effective: N/A
Name: Discovery Preschool & Childcare Ctr
Address: 518 South Ave W, Missoula, MT 59801
Missoula County
Phone: (406) 543-0879
Email: Lori.Croghntest@email.com

Position Information

Title *: -- Make a selection --

Hours Per Week*:

Months per year*:

This is my primary employer

Age of Children:

<input type="checkbox"/> Infants (0-12 months)	<input type="checkbox"/> Middle (6th-8th grade)
<input type="checkbox"/> Toddlers (13-36 months)	<input type="checkbox"/> Secondary (High School)
<input type="checkbox"/> Preschoolers (37 months – Pre-K)	<input type="checkbox"/> Adults
<input type="checkbox"/> 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

NOTE: All employees must to do this process for the organization to be able to register individuals for trainings.

Once this process has been completed, view the Organization Registering Staff User Guide for directions on how to register staff online for training.