# How to Create an Account and Apply to The Montana Early Care and Education Practitioner Registry



### Step 1: Go to www.mtecp.org and click Log In

### Step 2: Create an account

When applying to The Practitioner Registry for the first time, create a new account.

If you have already created an account and know your password, skip to Step 3 on page 7.

If you have an account but do not remember your password, click on "Forgot Password?". You will be sent an email to reset your password.



Enter your name and email address to create your new account. Your phone number is not required.

0	
nter the required info below to begin creating	your secure acco
First Name	
Enter First Name	
Middle Name	
Enter Middle Name	
Last Name	
Enter Last Name	
Email Address	
Enter Email Address	
Security Phone Number	
e.g. (201) 555-0123	
O Used for account recovery and must be text message	enabled
	_
Create Account	

Once you click "Create Account", an email will be sent to the email address you provided to verify your email address.



Please er ount. Check your email, open the email you receive, and click the "Verify Email" button in the email. **Be** sure to check your junk mail if the email is not in your inbox.

# **New Account Verification**

## Johnny Shott

montanaearlychildhoodproject+johnnytest@gmail.com

Please click the Verify Email button below to verify your Account.



Now you will need to create a password for your new account. Note the password requirements.

# ▲Create Password

Please create a new password for your account.

New Password

New Password

The Password field is required.

Re-enter New Password

Re-enter New Password

Save Password

#### **Password Requirements**

Valid passwords must consist of the following:

- Minimum of 8 characters
- At least three of the following: uppercase letter, lowercase letter, number, or symbol
- Passwords cannot contain your first name, middle name, last name, or email address.
- Passwords cannot contain more than three (3) repeat or sequential letters or numbers.

Special characters such as '&' or '!' are encouraged but not required.

If you have a PS# and work at a state licensed or registered program the system will recognize your information and connect you with your previous profile.

# Locate Online Application

#### Why Do I Need to Enter This First?

You may have a profile in the system. Please fill out this form so that we can see if your profile exists. The system will use your birth date and last five digits of your social security to find your profile. We store this information on your profile and will use it to verify your identity if you need to contact us.

If no existing profiles are found, you will automatically continue onto new profile setup.

First Name
Amelia
Last Name
Bedelia
Email Address
montanaearlychildhoodproject+amelia@gmail.com
Date of Birth
1/1/2001
Last 5 Digits of SSN
11111

Next >

If a previous account is not found, you will see the screen below. Fill out the information requested to set up your new profile.

## **Profile Information**

If you have ever applied to the Practitioner Registry before DO NOT PROCEED. Call the ECP at 1-800-213-6310. Otherwise, please enter the following to begin the Registry online application process.			
First Name	Middle Name		
Amelia			
Last Name	Email Address		
Bedelia	montanaearlychildhoodproject+amelia@gmail.com		
Date of Birth	Last 5 Digits of SSN		
01/01/2001	11111		

Choose your communication preferences. We strongly encourage you to select Yes as we do send out important information about registry changes and updates. You can also select the language you wish to receive system emails in.

# **Communication Preferences**

#### What is This?

We may send periodic communications related to the registry in addition to emails about your account. If you do not wish to receive informational emails, uncheck the box below.

Please note you will continue to receive emails about your account.

Yes, I wish to receive informational emails from the Early Childhood Project. If you do not select this option, you will still receive emails about your account.

I give permission for my employer to receive communications about my account.

Email Communication Language

English

K Back

Next >

### OIndividual Profile Setup

Cancel

### Terms of Use

What You Need to Know About Your Data

Please review and check the box below to continue.

THE MONTANA EARLY CHILDHOOD PROJECT PRIVACY POLICY Terms and Conditions
OUR COMMITMENT TO YOUR PRIVACY. We believe the responsible use of information is important for meeting your needs and providing consistent service quality. This privacy statement explains data collection and use practices of the EARLY CHILDHOOD PROJECT (ECP). The ECP collects and maintains Personal Identifiable Information (PII) for its participants and partners. The PII we collect and maintain includes name, addresses, telephone number, email address, birth date and last 5 digits of your social security number.
The ECP also collects specific information regarding your employment, education, training, and professional organization membership. All data collected from you as an individual is kept confidential and when shared is protected as described below. Please view below to review the Security Protection and Safeguard Procedures in place to protect your PII and other data as stated above.
Our website and email use "cookies" and similar means to collect aggregate statistical information. Aggregate information is demographic information and does not identify any individual member. We may use or disclose aggregate information for any purpose. A cookie is a small text file that is placed on your

Now you have now successfully created your profile. Note this does NOT mean you have applied to the Practitioner Registry yet.



## Step 3: Practitioner Registry application

When you first log into your profile you will see the screen below. To submit an application for membership, select Apply for Membership on the left in the My Memberships section.



A pop out window will open on the right side and you can select Apply for the Registry and then Next at the bottom. (You can also select the other application types but must meet certain criteria for those. You can also apply for those at a later time.)



The application will appear and you must review each section and confirm to move on. If you do not have documentation to upload, you can still select Save and Confirm to move to the next section.

<b>L</b> Mem	pership Application		Return to Profile
	All portions of the application must be reviewed and confirmed in order to continue.		
	Personal Information	🛕 unconfirmed	Review
	Education	🛕 unconfirmed	Review
	Employment History	🛕 unconfirmed	Review

Select Review for Personal Information. Check all Personal Information and enter any changes or new information. When done, select Save and Confirm at the bottom.

们 Personal li	nformation							
	General Inform	ation						
	First Name		Middle Name		Last Name		Suffix	
	Rufus		Enter Middle Name/Initial		Martin		Enter Suffix	
	Show Previous Names							
	Date of Birth							
	March	✓ 15	1973					
	Gender							
	Male		~	-				
	PS# (Person Number. This is number, please leave blank	s a number that licensin; )	g assigns to you. If you do not know your PS					
		ave & Confirm			C	llose		

Select Review for the Education section. An Education Summary page appears. You can enter high school documentation, higher education, or, if you are still in high school, enrolled in Hiset/GED, or have not received a diploma, you can complete our high school verification form and upload that. Select Add Education Entry to get started.

<sup>伯</sup> Education Summary		
		⊘ Add Education Entry
12	Primary Education	
	① No Educa Click "Add Education Entry	tion Entered y" to enter your education.
<b>2</b> 0	Other Education	
	On Education Entry Click "Add Education Entry	tion Entered * to enter your education.
	Confirm	Close

Click on Make a Selection and then choose High School or Higher Education to enter that information. If you choose to upload Higher Education documents, you do not need to upload High School graduation documents. We do require completed transcripts (official or unofficial) if you choose Higher Education.

CAdd Education	
Type         -Make a selection         -Make a selection-         Primary Education         High Education         Figher Education         First Aid and CPR (Required for Direct Care)         OPI License         Certificates         CDA Credential	
Save	Close

If you choose High School, you will see this drop down menu:

CAdd Education	
Type High School	~
What is your high school education status? Make a selection	~
Make a selection I have a high school diploma or GED I have not completed high school and am not enrolled in any high school program I am currently enrolled in high school	
I am currently enrolled or anticipate enrolling in a HiSet/GED program	
Save	Close

If you choose I have a high school diploma or GED, you will see the following screen:

High School			
	~		
What is your high school education status?			
I have a high school diploma or GED	~		
Graduation Vear			
	Required		
ocumentation Required			
	🛕 Documents are	required.	

Enter your high school information and select the +File button on the right to upload your documentation. We will accept a copy of your diploma or a high school transcript with a clear graduation date listed. Be sure to Save at the bottom after uploading your document.

If you are still in High School, are enrolled in a GED/HiSet program, or have not completed High School and do not intend to do so, select the correct option, enter your anticipated graduation date, and upload our high school verification form. Be sure to Save at the bottom.

Add Education		
	High School 🗸	
	What is your high school education status? I am currently enrolled or anticipate enrolling in a HiSet/GED program  Graduation Date Required	
	Documentation Required  Documents are required.  Please click the "+File" button to upload documents.	+ File
	The following file types are accepted: .doc.doc.xts.xtsx.xtsmpdf.rtf.jpg.png.jpeg.jpg SaVe	lose

If you need to upload higher education, select that option in the drop down menu, and enter your information and upload your transcripts. If you have not yet obtained your degree, please select Some College. Requirements for transcripts are listed on that page. Be sure to Save at the bottom.

CAD Education
Type       Higher Education
<ul> <li>Submitting transcripts with the required information the first time will expedite the processing of your application. Transcripts must be a PDF document from the institution, this must include 1 document with all pages. To verify college education you must submit transcripts that include:         <ul> <li>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)</li> <li>Name of college/university</li> <li>Program of study (major, degree type, and/or minor)</li> <li>Course and grades with semester or quarter dates</li> </ul> </li> <li>If we do not receive transcripts with the above information included, you will be required to submit a copy of OFFICIAL transcripts.</li> </ul>
Degree Make a selection Required Institution
Save Close

To add other education documents such as CPR/First Aid, CDAs, or licenses, please select +Add Education entry, and choose one of the options in the drop down. For CPR/ First Aid, select that option, and choose the correct class for your card. Most people will choose the Combined option. We will move the card to the correct folder if needed. Enter your information and upload your card using the +File button. Be sure to Save at the bottom.

Туре		
First Aid and CPR (Required for Direct Care)	~	
It is required for all individuals working in direct care with child upload needs to indicate that Adult, Child, and Infant CPR/First is not included. Credential	dren to enter and uploa : Aid were included in tl	id this information to become current on the Practitioner Registry. The card that y he course content. Your application may be marked as incomplete if this informat
CPR	~	
Make a selection		
II CPR	_	
First Aid		
Pediatric First Aid Date		Expires
mm/dd/yyyy		mm/dd/yyyy
	First Aid and CPR (Required for Direct Care) It is required for all individuals working in direct care with child upload needs to indicate that Adult, Child, and Infant CPR/First is not included. Credential CPR Make a selection CPR First Aid First Aid-CPR combined Pediatric First Aid	First Aid and CPR (Required for Direct Care)

To upload other options such as a CDA, choose Add Education Entry, choose the correct option from the drop down menu, and enter your information and upload your certificate, etc. Be sure to Save at the bottom.

Note: You do not need to upload anything for these options if not applicable.

In the Employment section, you can upload evidence of previous or past employment. To do this, select New Employer, then Search by Employer Name in the search panel on the left side of the page. In most cases, previous employers will not be found, especially if they are out of state programs. Select Create New Employer, then Select Ok, Enter the program's information and Continue, Enter your employment information for that program, and upload your verification documents. (These can include pay stubs, reference letters or tax forms). Be sure to save at the bottom. ECP staff will verify.

For current employment, if you work in a licensed program, your employer should let you know if they will enter your employment information or if they want you to do it. Employers of licensed programs will now verify their employees' employment through their org profiles. If they ask you to enter employment, select New employer, and on the next screen, search by license number.

Q Find Employer	
Filter Employers Employer Name Search by Employer Name	③ Search to Find Employers Use the provided search fields found under 秦 to search for applicable employers.
City Search by City	
Organization ID Search by Organization ID	
License Search by License	
License Source	
Q Search & Reset	

Choose Select when your program comes up.

🖻 Filter Employers		
Employer Name	Sort by Name V Direction Ascending V	
Search by Employer Name		
ity		Showing 1 out of 1
search by City	#22904 Zoot Adventure Learning Academy	Select
Organization ID	O Program Zoot Adventure Learning Academy / PV# PV107862	
earch by Organization ID	♦ Address 555 2000 Enterprises Lane / City bozeman / State Mi / Zip Code 59/18 / County Gallatin ♦ Phone (406) 556-7439 / ☑ Email Christina.Havener@email.com	
icense		Showing 1 out of 1
v107862	② Can't Find Your Employer?	
icense Source	Use this button for adding historical employment for programs that are not licensed or for out-of-state programs.	
earch by License Source	+ Add New Employer	

Enter your employment information and Save. We are not requiring the employment forms as employers will be verifying employment for licensed programs. Applications will not be completed until employment information is verified, and applicants will receive an email reminding them to communicate with employers.

Employees working in nonlicensed programs, state agencies, or other early childhood settings, can follow the above steps and are not required to upload forms. Registry staff will verify employment.

Employment is not required to be updated every three years, but employees are encouraged to update wages every year, and if they leave employment, to end date their position.

The next section is for Training. Most applicants will not need to add anything but if you have not submitted an Individual Training Request for a training taken in the past three months, you can select Add Training and the Individual Training Request will open. Just a reminder that college courses can be uploaded into the Education section, as well as CPR/First Aid. Any classes taken through the training calendar or through Childcare Training will be verified automatically in your training section and an ITR is not needed. If you do not need to add any training requests, select Confirm at the bottom.

<sup>3</sup> Training Summary		
Search by Event ID Course Title Course Titl	No Training Available No training has been added.	Add Training
Training Completion From Date mm/dd/yyyy mm/dd/yyyy		
Show E-Learning events only  Search		
Confirm	Close	

For Professional Contributions, you can select Confirm at the bottom, unless you are applying for Director Credential.

Once all sections, have been confirmed, select Review Application at the bottom right.

early childhood project		⑧ Ruf	us Martin 👻 📼 English 👻 📜 My Cart(0
	Education	🕑 confirmed	Review
	Employment History	🕝 confirmed	Review
	Training Record	🔽 confirmed	Review
	Professional Membership/Contributions	C confirmed	Review
		Cancel Application	eview Application

Once you have reviewed that all information is correct, select Continue.

💄 Revie	w Application	Go Back
	Throughout the application we asked you to tell us if you were going to upload files or mail them in separately Below is a summary of what you told us. If you see anything here you would like to revise, click the go back button to make changes. Education Background	Review and Continue Please review all items before continuing. Continue
	I have a high school diploma or GED Graduation Year 1992 Self-Reported @ Uploaded Files 1 Employment History	

The next screen should show that the application has been submitted.

y of what you told us.		Review and Contin
nere you would like to revise, clic		Please review all items befo
Background	$\checkmark$	Con
	Application Submitted	
school diploma or GED ar 1992	Your application has been successfully submitted.	
Uploaded Files 1	ок	

When you click OK, you will be returned to the Dashboard. You can see your Application status in the Membership section on the left. Membership Alerts will show you additional information about your application in a pop out window on the right.

Welcome, Rufus! Registry ID #68652 P\$# (Person Number. This is a number that licensing assig Primary Language English Email montanaearlychildhoodproject+rufuste	ns to you. If you do not know your PS number, please leave bla st@gmail.com	nk.) Not Set / Home/Mobile phone (406) 555-5555 /	2 Edit Profile Information
C MY MEMBERSHIPS	Employment History Primary Employer Zoot Adventure Learning Academy Title Early Childhood Teacher	Education Highest Level of Education High School Diploma/GED	Badges Badges No Badges Earned View all badges to see all of the badges you can earn.
<ul> <li>✓ E Manage Memberships</li> <li>▲ Apply for Membership</li> </ul>	View All Employment Last Updated 10/30/2024	View All Education	View All Badges
Membership Card	1		

If you are marked Incomplete, log back into your profile, select the card that corresponds to what is missing (for example, if CPR is missing, choose the Education card, and follow the steps to upload your CPR card). After your document is uploaded, go back to the Dashboard and select Membership Alerts. The pop out window on the right will have the Process My Application button which you can select to put your application back in Processing.



#### **STEP 4: Check email and Staff Notes regularly**

Please check your email and Notes in your account regularly for communication from the Early Childhood Project. Notes can be found by scrolling down to the bottom of your Dashboard in your profile. You can contact the Early Childhood Project with questions at any time by emailing ecp@montana.edu or clicking the Support button found on our website and within your application.

