

How to Become a MiRegistry Member

This guide will walk you through creating and submitting your membership application.



- 1. Click SIGN IN.
- 2. If you do not have an account, see our guide on creating a MiRegistry account.



Membership Application

My Individual Profile

| Summary Per | rsonal | Education | Employment | Training | Professional | Reports | | | | |
|-----------------|----------|--------------|------------------|-------------|--------------|---------|---|---------|-------|--|
| Welcome, | Jon | Tester | | | | | | | | Registry ID 3031 Jon Tester |
| Beginning Ma | ay 1, Mi | Registry is | accepting app | lications f | or membershi | p. | | | | 456 Street Rd. Allenton, MI 48002 (123) 456-4545 |
| You have signed | in but n | ot submitted | d an application | | | | | | | registrymichigan+jontester@gmail .com |
| Become a mer | mber | | | | | | Θ | | | Change Email |
| Become a train | ner | | | | | | θ | | | Q |
| | | | | | | | | Apply/F | Renew | Organization Profile Management |
| | | | | | | | | | | Do any of the following apply to you? |
| Notes From St | taff (0) | | | | | | | | | You would like to link an existing |
| A No Notes Ex | xist | | | | | | | | | organization profile to your account |
| | | | | | | | | | | ✓ You would like to add a new organization profile to your account |
| | | | | | | | | | | Add Organization Profile |

1. Check the 'Become a member' box and click **APPLY/RENEW**.



Membership Application

You will provide the information in each of the steps below. Each step will be saved as you go. If you can't complete all steps you may come back and complete it later.



- 1. The membership application will take you through the above six steps.
- 2. To accurately fill out the information, having access to your updated resume with dates of employment and education can be helpful.
- 3. Click START APPLICATION.



Personal Information

| nal Information | | | | | |
|-----------------|-----------------|--|-----------------------------|----------------------------|--|
| | | | | | |
| | Registi | ry ID 3031 | | | |
| | First Name | * | | | |
| | on | | | | |
| | Middle Na | me | | | |
| | | | | | |
| | Last Name | * | | | |
| | Tester | | | | |
| | ⊞ I wan | t to provide my previous r | name(s). | | |
| | Email addr | ess serves as your login. If yo | ou change your email addr | ess, a verification | |
| | email will b | e sent to the new email add ou will log in using your new | ress. After you verify your | | |
| | Email Addr | | | | |
| | registrym | ichigan+jontester@gmail.co | m | | |
| | | | | | |
| | Mailing Addr | ess | | This is a business address | |
| | Street Address* | | | Apt/Suite # | |
| | 456 Street Rd. | | | | |
| | Zip | City* | | State* | |
| | 48002 | Allenton | | MI | |
| | County* | | Country* | | |
| | Saint Clair | | United States | • | |
| | | | | | |
| | Home Addre | SS | | Same as mailing address | |
| | Street Address | | | Apt/Suite # | |
| | 456 Street Rd. | | | | |
| | Zip | City | | State | |
| | 48002 | Allenton | | MI | |
| | County | | Country* | | |
| | | | | | |

1. Your personal page will autofill your name and address from the information you provided when your account was created.



| | Primary phone number | r* | | | | _ |
|-----------------|---------------------------|-------|----|----------|---|---|
| | 123 | - 456 | | - 4545 | | |
| | | | | | | |
| | Secondary phone num | ber | | 1 | | |
| | | - | | - | | |
| | Fax | | | | | _ |
| | | - | | - | | |
| | Birth Date* | | | | | |
| | April | • | 24 | ▼ , 1985 | • | , |
| | 0 | | | | | |
| | Gender* | | | | | |
| | Unspecified | | | | | , |
| | | | | | | |
| Ethnici | ity | | | | | |
| Are you of I | Hispanic or Latino origin | ?* | | | | |
| Yes | No | | | ed . | | Θ |
| Do you con | sider yourself?* | | | | | |
| White x | * | | | | | Θ |
| Select All that | t Apply | | | | | |
| | | | | | | |
| Langua | age | | | | | |
| Primary La | nguage* | | | | | |
| English | | | | | | • |
| Θ | | | | | | |
| Secondary | Language | | | | | |
| 9 | | | | | | - |
| Preferred T | raining Language | | | | | |
| English | | | | | | • |
| θ | | | | | | |
| | | | | | | |

Additional Information

| Are you an enrolled member of a federally recognized tribe, or a first or second gener- descendant of an enrolled member? | ation | |
|--|-------|--|
| No | | |

- 1. Your phone number and birthdate will autofill from the information you provided when your account was created.
- 2. Fill in your ethnicity and gender information. Please note that you may choose 'unspecified'.



Additional Information

Are you an enrolled member of a federally recognized tribe, or a first or second generation descendant of an enrolled member?

Communication Preferences

We may send periodic communications related to the registry and your account. You are automatically subscribed to receive these communications. If do not wish to receive these communications please unsubscribe.

| | Unsubscribe You will not receive informational emails from us, but you will continue to receive emails regarding your account. Subscribe You will receive informational emails from us in addition to emails regarding your account. | | | |
|----------------------|---|------|---------------------|--|
| Return to My Profile | < Previous S | itep | Save and Continue > | |

1. Click SAVE AND CONTINUE >.



Education

Education

| Personal Information | Education | | | | Submit Application | | | |
|--|-------------------|----------------------------------|---------|-----------------|-----------------------|--|--|--|
| High School | €Click the £ | idit button to update your infor | mation | | Edit | | | |
| Higher Education | n | Click Add New to upda | Add New | | T | | | |
| Certificates or Diplomas Add New Click Add New to update your information | | | | | | | | |
| Endorsements o | r Credentials | Click Add New to upda | Add New | | ¥ | | | |
| O CDA Credentials | | Click Add New to upda | Add New | | ¥ | | | |
| o Infant Mental He | ealth Endorsement | Click Add New to upda | Add New | | T | | | |
| Licensing Requir | rements | Click Add New to upda | Add New | | T | | | |
| Return to My Profile | | | | < Previous Step | Save and Continue > | | | |

1. To add education information, click the **EDIT** button.



| Edit Education | X |
|--|-----------------------|
| High School | |
| Graduation Year 2003 Four-digit year I do not have a High School/GED Diploma | |
| | Save and Close Cancel |

- 1. Enter in your High School graduation date, or mark that you do not have a High School/GED Diploma.
- 2. Click SAVE AND CLOSE.



Education

| Personal Information | Education | | | | |
|----------------------|-------------------------------|---|-----------------|-----------------|---------------------|
| High School | | | | | |
| Graduation Year | 2003 | | | SELF REPORTED | Edit |
| Higher Education | 1 | | Add New | | • |
| Bachelor's Degree | Aug 2007 | Michigan State University Early Childhood Education Sociology | | SELF REPORTED | |
| | | | | | |
| Certificates or Di | plomas | | Add New | | • |
| | | Click Add New to update yo | our information | | |
| Endorsements o | r Credentials | | Add New | | • |
| | | Olick Add New to update yo | pur information | | |
| OCDA Credentials | | | Add New | | ¥ |
| CDA - Infant Toddler | Aug 2017 Expires: Aug 2019 | | SELF REPORTED | | |
| | | | | | |
| 💿 Infant Mental He | alth Endorsement | | Add New | | • |
| | | Click Add New to update yo | our information | | |
| Licensing Requir | ements | | Add New | | T |
| First Aid | Jun 2016 Expires: Jun 2018 | American Heart Association | SELF REPORTED | | 20 |
| CPR | Jun 2016 Expires: Jun 2018 | American Heart Association | SELF REPORTED | | |
| | | | | | |
| Return to My Profile | | | | < Previous Step | Save and Continue > |

- 1. To continue adding information on your education page, view the options on each drop-down menu and complete the information in each pop-up box.
- 2. Click SAVE AND CONTINUE>.



Employment

| My In | dividu | ial Pro | file | | | | | | | | |
|---------|----------|-----------|---------------|-------------|----------------|---------|---------|---|--|-----------------|--|
| Summary | Personal | Education | Employment | Training | Professional | Trainer | Reports | | | | |
| mploy | ment | | | | | | | | | Edit Employment | |
| | | A No e | employment da | ta provided | l by applicant | | | _ | | | |
| Google | Play | | | | | | | | | | |

1. To add field related experience, select EDIT EMPLOYMENT.

Employment History

Please add an employment record for every early childhood and school-age care position you hold or have held in the past.

- 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 |
|---|--------------|
| A No Employment Entered | |
| No employment has been added to this online application | |
| | |
| | |

1. Select ADD POSITION.

- 2. To enter education, you must search for your organization based on the following organization types:
 - a. Direct care and education programs
 - b. Employment outside of the state of Michigan or an organization not found using the two other search options
 - c. Other organizations, such as training sponsor organization and institutions of higher education



Employer Search-Direct Care and Education Programs

Select Employer Type

| Personal Information | Education | Employment | | | | |
|---|---|---|---------------------|-------------------------|--------------------|------------------------|
| you connect with their exis | <u>sting</u> organizational acc | flichigan Professional Develo count. If you cannot locate yo mend that you try to find an | our employer, you c | an create a new | Ret | urn to Employment List |
| Direct care and edu | ucation program | S | | | | |
| Select this button if you | ır employer is any of | the following: | | | | |
| Child Care Center Early Childhood Sp. Family Child Care H Great Start Readine Group Child Care H Head Start or Early School age progran Tribal Child Care Center | lome ess Program (GSRP) lome Head Start n (before school, after | school, etc.) | | | | Select |
| Employment outsic care | de the State of M | ichigan or employme | nt not related | to the field of early o | childhood or schoo | ol age |
| You should choose this o | ption if your employer | is any of the following: | | | | Select |
| | at is not related to the | field of early childhood or so und using the other employe | | sted on this page | | Select |
| Other Organizatior | n Types | | | | | |
| Select this button if you | ır employer is any of | the following: | | | | |
| Training Organizati Organizations that Institutes of Higher | do not directly offer e Education | arly childhood or school age | care | | | Select |

- Professional Associations
- State and local agencies that do not provide direct early childhood or school age care
- State and local government

1. Click **SELECT** next to the Direct care option.



Position Details

| Personal Information Education | Employment | Training | | |
|--------------------------------|------------|----------|--|--|
|--------------------------------|------------|----------|--|--|

Search for: Direct care and education programs

If your past or present employer provides direct care to children up to age twelve and is licensed by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, Child Care Licensing Division using the license number to search is the fastest way to find your employer. If your employer is not licensed or you don't know the license number, you can use one or more of the other fields to find your employer.

| Organization Regis | try ID | | | | |
|--------------------|--------------------------------|---|-------------|----------------------|--|
| ۹ | | | | | |
| | | | | | |
| Employer Name | | | | | |
| 9 ABC | | | | | |
| City | | | | | |
| ٩ | | | | | |
| Search | | | | | |
| | | | | | |
| Child Care License | ID | | | | |
| ٩ | | | | | |
| | | | | | |
| Start Over | | | | | |
| | | | | | |
| Click on the Org | anization ID or Name to a chat | facility to your employment rec | ord. | | |
| Organization ID | Name | Address | License | Effective | |
| <u>11119</u> | A.B.C.'s Center of Joy | 18600 Fenelon Detroit, MI 48234 | DF820329159 | 7/11/2016- 7/10/2019 | |
| 21260 | A.J.'s ABC's & 123's Daycare | 19940 Waltham Street Detroit, MI 48205 | DG820276026 | 5/2/2015- 5/1/2017 | |

- 1. If you know your Organization ID, you can search by ID. Otherwise, enter any other search criteria and click **SEARCH**.
- 2. Select your organization from the list. If your organization is not found, follow the directions listed under 'Employer Search-Employment Outside of Michigan or Not Found in a Search' below.



Position Details

| | Personal Information | Education | Employment | Training | |
|--|---|----------------------|--|-----------------|--|
| | You selected the following program. Program Information Child Care License ID | Confirm the selected | l program is correct. DF820329159 | | |
| | Effective Name | | 7/11/2016 - 7/10/20 A.B.C.'s Center of | | |
| | Address Phone | | 18600 Fenelon, Det Wayne County (313) 234-3243 | troit, MI 48234 | |
| | Confirm Return | | | | |

1. Click **CONFIRM** if the information is correct.



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

| Program Information | | | |
|--|--------------------------------------|----------------------------------|------------------|
| Child Care License ID | | DF820329159 | |
| Effective | | 7/11/2016 - 7/10/ | /2019 |
| Name | | A.B.C.'s Center of | of Joy |
| Address | | 18600 Fenelon, D Wayne County | etroit, MI 48234 |
| Phone | | (313) 234-3243 | |
| Position Information | | | |
| Title* | | | |
| Assistant Teacher | | • | |
| Hours Per Week* | | | |
| 40 | | | |
| | | | |
| Months per year* | | | |
| 12 | | | |
| This is my primary employer | | | |
| Age Group working with*: | | | |
| Infants (birth until one year) | School-age (kindergan age twelve) | rten entry through | |
| Toddlers (one year to 30 months) | Adults | | |
| Preschool (30 months to kindergarten entry) | | | |
| Start Date* | End Date | | |
| 08/01/2013 | | | |
| (mm/dd/yyyy) | (mm/dd/yyyy) | | |
| Hourly wage at this position | | | |
| \$ 13.50 | | | |
| Date of last wage increase | | | |
| 08/01/2017 | | | |
| Status Self Reported | | | |
| Save Cancel | | | |

- 1. Enter your position information.
- 2. Click SAVE.

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Employer Search-Employment Outside of Michigan or Not Found in a Search

Select Employer Type

| Personal Information | Education | Employment | | | | Submit Application |
|---|--|--|----------------------|------------------------|---------------------|-----------------------|
| If your employer already he you connect with their <u>exis</u> employer account. Howeve first. | <u>ting</u> organizational acc | ount. If you cannot locate y | our employer, you ca | n create a new | Retu | rn to Employment List |
| Direct care and edu | ication programs | 5 | | | | |
| Select this button if you | r employer is any of | the following: | | | | |
| Child Care Center Early Childhood Spe Family Child Care H Great Start Readine Group Child Care H Head Start or Early School age program Tribal Child Care Ce | ome ss Program (GSRP) ome Head Start a (before school, after | school, etc.) | | | | Select |
| Employment outsic care | le the State of M | ichigan or employme | ent not related to | o the field of early o | childhood or school | às |
| You should choose this op | otion if your employer | is any of the following: | | | | Select |
| | t is not related to the f | field of early childhood or so und using the other employ | | ed on this page | | |
| Other Organization | Types | | | | | |
| Select this button if you | r employer is any of | the following: | | | | |
| Institutes of HigherProfessional Association | do not directly offer ea Education ations ncies that do not provi | rly childhood or school age de direct early childhood or | | | | Select |

1. Press **SELECT** for employment outside of the state of Michigan or employment not found using other search criteria.

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| Program Type* | | | |
|--------------------|----------------|---------|--------|
| Unidentified Direc | t Care Program | | |
| Contact First Name | | | |
| Megan | | | |
| Contact Last Name | | | |
| Smith | | | |
| Mailing Address* | | | |
| 456 Main St. | | | |
| Suite/Box# | | | |
| | | | |
| Country | | | |
| United States | | | |
| Zip*: | City* | | State* |
| 48002 | Allenton | | MI |
| County* | | | |
| Saint Clair | | | |
| Phone* | | | |
| 456 | - 234 | - 1212 | |
| Fax | | | |
| | - | - | |

- 1. Fill out the Employer details.
- 2. Click SAVE AND CONTINUE.



Position Details

| | Personal Information | Education | Employment | | |
|---|--|--|-----------------------|--|--|
| | You selected the following prog Program Information | ram. Confirm the selecte | d program is correct. | | |
| • | Name | Boys and Girls Clu | ıb | | |
| | Address | 456 Main St., Allen Saint Clair County United States | ton, MI48002 | | |
| | Phone | (456) 234-1212 | | | |
| | Confirm Return | | | | |

1. Click **CONFIRM** if the information is correct.



Position Information

| Title* | |
|----------------------------------|--|
| Non-Teaching Professional Staff | |
| | |
| Hours Per Week* | |
| 40 | |
| | |
| Months per year* | |
| 12 | |
| This is my primary employer | |
| | |
| Age Group working with*: | |
| Infants (birth until one year) | School-age (kindergarten entry throug age twelve) |
| Toddlers (one year to 30 months) | Adults |
| Preschool (30 months to | |
| kindergarten entry) | |
| Start Date* | End Date |
| 08/01/2010 | 07/31/2012 |
| (mm/dd/yyyy) | (mm/dd/yyyy) |
| Reason for leaving | |
| New job in the field | |
| Additional Comments | |
| | |
| Hourly wage at this position | |
| \$10.50 | |
| | |
| Date of last wage increase | |
| 08/01/2011 | |
| Status Self Reported | |
| | |
| 1 | |
| Save Cancel | |
| Cancer | |

- 1. Enter your position information.
- 2. Click SAVE.



Employer Search-Other Organizations Types

Select Employer Type

| Personal Information | Education | Employment | | | | |
|--|---|--|---------------------|-------------------------|------------------|-----------------------|
| ou connect with their <u>exis</u> | <u>sting</u> organizational ac | Nichigan Professional Develc count. If you cannot locate yo nend that you try to find an | our employer, you o | an create a new | Ret | urn to Employment Lis |
| Direct care and ed | ucation program | S | | | | |
| elect this button if you | ur employer is any of | the following: | | | | |
| Child Care Center Early Childhood Sp Family Child Care H Great Start Reading Group Child Care H Head Start or Early School age program Tribal Child Care Comparison | łome ess Program (GSRP) łome Head Start n (before school, after | school, etc.) | | | | Select |
| Employment outsid | de the State of M | ichigan or employme | ent not related | to the field of early c | hildhood or scho | ol age |
| ou should choose this o | ption if your employe | is any of the following: | | | | Select |
| | at is not related to the | field of early childhood or so und using the other employ | | sted on this page | | |
| Other Organizatior | n Types | | | | | |
| elect this button if you | ur employer is any of | the following: | | | | |
| Institutes of HigherProfessional Association | do not directly offer e Education iations | arly childhood or school age ide direct early childhood or | | | | Select |

State and local government

1. Press **SELECT** for other employment, such as training organizations and institutes of higher education.



Employer Search

Search for: Other Organization Types

| Organization Registry ID |
|--|
| Employer Name Q. Training Center City Q. Search |
| Start Over |

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

| Organization ID | Name | Address |
|-----------------|---------------------------------|-------------------------------------|
| <u>19573</u> | Pamela Test Training Consultant | 8579 Cat St. Allenton, MI 48002 |
| <u>19579</u> | Sample Training Organization | 123 Our Street Lansing, MI 48910 |

Can't find your employer?

- · Make sure you spelled the employer's name correctly
- Search by city only to find all employers in that city esults.
- Keep it simple. Fewer words will give you
- Still can't find your employer? <u>Start here</u>
- 1. If you know your Organization ID, you can search by ID. Otherwise, enter any other search criteria and click SEARCH.
- 2. Select your organization from the list.
- 3. If your organization is not listed below, click **START HERE**.



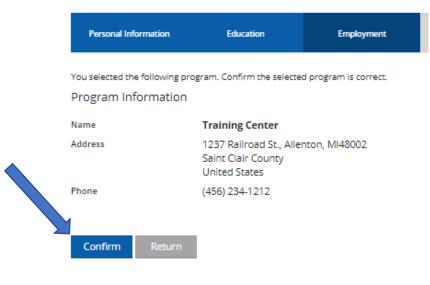
Enter Employer Details

| Employer's Nam | e* | | | |
|----------------------------|--------------------|--------|---|-------|
| Training Cente | | | | |
| Program Type* | | | | |
| | Consultant/Trainer | | | |
| Contact First Na | me | | | |
| Jon | iie | | | |
| C | | | | |
| Contact Last Nar Tester | ne | | | |
| | | | | |
| Mailing Address | | | | |
| 1237 Railroad | St. | | | |
| Suite/Box# | | | | |
| | | | | |
| Country | | | | |
| United States | | | | |
| Zip*: | City* | | S | tate* |
| 48002 | Allenton | | 1 | MI |
| County* | | | | |
| Saint Clair | | | | |
| | | | | |
| Phone* 456 | - 234 | - 1212 | | |
| | | | | |
| Fax | | | | |
| | - | - | | |

- 1. Please note that if your employer was found in the search, you will skip this step.
- 2. Fill out the Employer details.
- 3. Click SAVE AND CONTINUE.



Position Details



1. Click **CONFIRM** if the details are correct.

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| You selected the following program. Confirm the selected program is correct. |
|--|
| Program Information |

| | Name Address | Training C 1237 Railre Saint Clair United Sta | oad St., Allenton, Ml48002 County |
|---|--|--|---|
| | Phone | (456) 234-1 | 1212 |
| | Position Information Title* Trainer | | T |
| | Hours Per Week* | | |
| | Months per year* | | |
| | This is my primary employer | | |
| | Age Group working with*: | | School-age (kindergarten entry through age twelve) |
| | Toddlers (one year to 30 mon Preschool (30 months to kindergarten entry) | iths) 🗸 | Adults |
| | Start Date* | | End Date |
| | 08/01/2009 (mm/dd/yyyy) | | (mm/dd/yyyy) |
| | Hourly wage at this position | | (mmenaeyyyy) |
| | \$ 25.00 | | |
| • | Date of last wage increase | | |
| | Status Self Reported | | |
| | Save Cancel | | |

- 1. Enter your position information.
- 2. Click SAVE.



Employment History

| Personal Information | on Education | Employ | ment | Trai | | | Submit Application | |
|--------------------------------------|--|---------------------------|----------|-----------|---------------|-----------------|-----------------------|--|
| If you held more | ment record for every early childh than one position for the same e | mployer, enter a | | - | | past. | | |
| Enter an end da | te for any position which you no l | onger hold. | | | | | Add Position | |
| Program | Title | Wage | Start | End | Status | | | |
| A.B.C.'s Center o | f Joy Assistant Teacher | \$13.50 / hr. 8/1/2017 | 8/1/2013 | Present | Self Reported | | C D | |
| Boys and Girls C | ub Non-Teaching Professional Staff | \$10.50 / hr. 8/1/2011 | 8/1/2010 | 7/31/2012 | Self Reported | | 2 | |
| 0 Training Center | Trainer | \$25.00 / hr. | 8/1/2009 | Present | Self Reported | | 2 | |
| Return to My Profi | le | | | | | < Previous Step | Save and Continue > | |

1. After all related field experience is entered, click SAVE AND CONTINUE>.

| Training | | | | | | |
|----------------------|-----------------------|------------------------------|----------|-----------------|-----------------------|--|
| | | | | | | |
| Training | | | | | | |
| Personal Information | Education | Employment | Training | Professional | Submit Application | |
| | | | | | | |
| | A No training has bee | n added to this online appli | cation | | | |
| | | | | | | |
| Return to My Profile | | | | < Previous Step | Save and Continue > | |

- 1. Your training page will track completed training taken through MiRegistry statewide training calendar.
- 2. Please note that any Great Start to Quality training that was completed before April 1, 2018 will be transferred to this page from the former system. If a training you have taken is not listed on this page, please click the 'Ask Us' button or email <u>support@miregistry.org</u> to attach your training certificate.
- 3. Click SAVE AND CONTINUE>.



Professional

More Information

| Personal Information Education | Employment | Training | Professional | Su App | |
|---|--------------|-------------|--------------|-----------|---|
| Memberships | Date Expires | | | Verified | |
| Viichigan Afterschool Association Select to add Professional Membership | 01/01/2019 | | | | 8 |
| |] | | | | |
| Professional Contributions | Date | Description | | Verified | |
| Serving on a Board of Directors for a related organization: | 12/29/2017 | Treasurer | | | Û |
| | | | | | |
| Select to add Professional Contribution 🔻 | | | | | |
| Select to add Professional Contribution 🔻 | | | | | |

- 1. To edit your professional page, view the options in each drop-down menu and complete the information in each pop-up box.
- 2. Click SAVE AND CONTINUE>.



Submit Application

| onal Information | Education | Employment | Training | Professional | Submit Application |
|------------------|--|--|--|-------------------------------|-----------------------|
| | Instructions: | | | | |
| | | online application.Once you r application has been verified | | ation button below,you will | |
| | Are you ready? | | | | |
| | You are ready to submit Personal Inform Employment His Education Backg Training Attende | story ground | ou have completed: | | |
| | | application,I hereby a | - | | |
| | | ation is complete,acc nal Development Reg | | entered into the | |
| | What is next? | | | | |
| | Once you press Submit App | plication below, the following | will occur: | | |
| | A confirmation e You will need to Registry staff will Registry staff will | · · · · · · · · · · · · · · · · · · · | the instructions for the ne ntation outlined in the cor process your application Category Certificate and u | ext step. firmation email. | |
| | Application Select | ions | | | |
| | Item | | Level | Expires | |
| | Career Pathway Level | | None - Initial | N/A | |

- 1. Review the information and click **SUBMIT APPLICATION**.
- 2. Please note that your account will be locked from editing any information until after it has been approved.



Submit Application

| Personal Information | Education | Employment | Training | Professional | Submit Application |
|----------------------|--|--|---------------------|--------------|-----------------------|
| | Beginning May 1, | MiRegistry is accepting | applications for me | mbership. | |
| | ✓ Application Success Your application has be | | | | |
| | The next step toward com Individual ID number is 30 | uments. Your Registry all verification documents. | | | |
| | You must send in the fol | lowing documentation: | | | |
| | Michigan After 2. Send proof of Professional | essional Organization Membe rschool Association essional Contributions (option loard of Directors for a related (| nal): | | |
| | Next Steps: | | 2 | | |
| | Please send in all support For expedited processing, processed as soon as all d will cancel your applicatio returned, so copies are ac only accepts official tran | | | | |
| | Include these documents | in ONE envelope and mail or er | nail right away to: | | |
| | MIRegistry 2908 Market Place Dr. #103 Fitchburg, WI 53719 | | | | |
| | Or By Email: | | | | |
| | support@miregistry.org | | | | |
| | 833-386-9238 | | | | |
| | I have no documentat | tion to submit | | | |
| | | | | | |
| | | | | | Poturo to My Profile |
| | | | | | Return to My Profile |

- 1. Congratulations! You have successfully submitted a membership application. Next steps are for you to submit any follow-up documentation.
- 2. Please note that the Michigan Registry only accepts official transcripts from your college or university. They can be sent in a sealed, unopened envelope or in an encrypted PDF directly from your institution.
- 3. Documentation of training and other items marked on your professional and education pages may be sent electronically by clicking the 'Ask Us' button on any page or by emailing support@miregistry.org.
- 4. If you select the 'I have no documentation to submit' button, your career pathway level will be calculated without verification of education and professional achievements. This will impact your career pathway level.