



# The Oklahoma Professional Development Registry

## PARTICIPANT UPDATE FORM

You must already be on the *Oklahoma Professional Development Registry* to use this Update Form. Please give us your NAME, REGISTRY ID#, LAST FIVE DIGITS of your SOCIAL SECURITY NUMBER, and your DATE OF BIRTH. Complete the sections that apply (and don't forget your signature at the bottom).

NAME (PLEASE PRINT): \_\_\_\_\_  
First Name Middle Initial Last Name

LAST FIVE DIGITS OF YOUR SOCIAL: \_\_\_\_\_ OKLAHOMA REGISTRY ID#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**CHANGE OF NAME:** Previous Name: \_\_\_\_\_

New Name (as shown on Social Security Card): \_\_\_\_\_

**NEW HOME ADDRESS/EMAIL:** Email Address: \_\_\_\_\_

Street: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**CHANGE OF EMPLOYMENT:**

Previous Employer: \_\_\_\_\_ Date Left: \_\_\_\_\_

New Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_

License Number: K8 \_\_\_\_\_ Work Phone: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Position Title: \_\_\_\_\_

Hours per Week: \_\_\_\_\_ Months per Year: \_\_\_\_\_ Age of Children (all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Infants (0-12 months)          | <input type="checkbox"/> Preschooler 4's and 5's (49-72 months)          |
| <input type="checkbox"/> Toddlers (13-24 months)        | <input type="checkbox"/> Middle (4 <sup>th</sup> -8 <sup>th</sup> grade) |
| <input type="checkbox"/> Two's (25-36 months)           | <input type="checkbox"/> Elementary (K-3 <sup>rd</sup> grade)            |
| <input type="checkbox"/> Preschooler 3's (37-48 months) | <input type="checkbox"/> Secondary (high school)                         |
|   | <input type="checkbox"/> Adults  |

**CHANGE OF POSITION ONLY:**

Previous Position: \_\_\_\_\_ Date Position Ended: \_\_\_\_\_

New Position: \_\_\_\_\_ Date Position Started: \_\_\_\_\_

Are you a post-military service member?  Yes  No

Are you a spouse of an active duty military service member in Oklahoma?  Yes  No

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FAX form to:** 405-799-7634 **email form to:** [cecpd@ou.edu](mailto:cecpd@ou.edu)

**Mail form to:** CECPD, Oklahoma Registry, 1801 N. Moore Ave., Moore, OK 73160-3668