

INTERMEDIATE 2 Accredited Higher Education

18 Sem. Hours

Associate Degree 25 Sem. Hours

Entry

INTERMEDIATE 3

ADVANCED 2 Master Doctorate 30 Sem. Hours

> ADVANCED I Bachelor's Degree 30 Sem. Hours

Advanced Byway

FOUNDATION 2 Registered 30 Clock hours

Intermediate **Byway**

NTERMEDIATE CDA or

135 Clock Hours

9 Sem. Hours

What is the destination of your professional journey?

In which specialty area do you wish to concentrate your professional development?

- Infant/Toddler
- Pre-School
- School-Age/Youth
- Family Child Care Home
- Administrator/Director
- Trainer/Coach
- **Home Visitor**
- Family Service

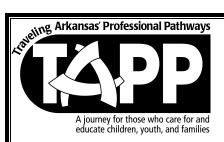
Traveling Arkansas Professional Pathways OUNDATION 3 Registered 45 Clock hours 3 Sem. hours

FOUNDATION Registered 15 Clock hours

incl. Orientation

Foundation Byway

Approved September 18, 2009



RELEASE FOR ACCESS TO TAPP TRAINING TRANSCRIPT FOR GROUPS

PROGRAM INFORMATION		
Facility Number		
	City	
Site Name		
Director Name	TAPP Registry ID Number	
Contact Number	()	
Contact (Valide)		
	AUTHORIZATION INFORMATION	
	ned, understand and give approval to allow:	
<u> </u>	named facility director/administrator	
	CE Better Beginnings staff	
∐ ABC I	Program Specialists, and other ABC-designated staff	
Head S	Start Administrators	
Other		
access to view ou	r TAPP training transcripts for monitoring and program certification purposes.	
1) view the names	emain valid until you cancel or revise the authorization. As a Registry member, you may sof those authorized to view your personal information, 2) cancel access to your records and 3) authorize another Registry member to access your TAPP training transcript.	
□ Lo us:	nose who have been authorized to view your personal information: ng onto your "Registry Member's Personal Data Page" through the Registry's website ing your personal identification number and password. nick on "Groups I Belong To". Names listed are those who have access to your record.	
□ Lo us: □ Cl □ Cl	those who have been authorized to view your personal information: og onto your "Registry Member's Personal Data Page" through the Registry's website ing your personal identification number and password. ick on "Groups I Belong To". Names listed are those who have access to your record. ick "DEL" in the left hand column. This will delete the person from having access to ur record.	
If you do not wan is your responsible	t another person to have access to or view your personal information, please remember it ility as a Registry member to either cancel the access yourself or contact the Registry me you have questions regarding this or any other issues, please contact a member of the	

APPROVAL OF ACCESS TO TAPP TRAINING TRANSCRIPT <u>CONTINUED</u>

Please note: This page is invalid unless attached to page 1.

APP REGISTRY	PRINT NAME OF	SIGNATURE OF
ID Number*	REGISTRY MEMBER	REGISTRY MEMBER
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TAPP REGISTRY ID NUM PRACTITIONER APPLICATION	BER MUST BE ENTERED TO BE CONSIDERED VALID. IF EMON WITH THIS FORM.	MPLOYEE DOES NOT HAVE A REGISTRY ID, ATTACH A
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