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):

❏ Infants (0-12 months)   ❏ Preschooler 4's and 5's (49-72 months)
❏ Toddlers (13-24 months)   ❏ Middle (4th-8th grade)
❏ Two's (25-36 months)   ❏ Elementary (K-3rd grade)
❏ Preschooler 3's (37-48 months) ❏ Secondary (high school)
                                 ❏ 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*
Mail form to: CECPD, Oklahoma Registry, 1801 N. Moore Ave., Moore, OK 73160-3668