



Entry Level Postcard Certificate Reprint Request

Important

If your course was **completed before July 2000**, contact the agency where you completed the course to request another copy. The Registry does not have Entry Level records prior to July 2000.

Do not use this form if your course was completed at a **college/university** or in **high school**. The Registry cannot create these documents.

Your Information

Your Current Name	
Your Name <i>when you took the Course</i>	
Last 5 digits of your Social Security Number	
Birth date:	Phone Number

Address where you would like us to send the Postcard Certificates

Addressee*		
Street Address		
City	State	Zip Code

*If using an employer address, put the name of the employer/center in the Addressee section. The Post Office will not deliver the postcards otherwise.

Postcard Certificates You Would Like Reprinted

Check off the postcards you would like reprinted. **There is a \$10.00 fee per postcard.**

Courses with multiple names have been grouped. Choose the **course that is closest** to the course you took. The hours listed below **may vary slightly** from the actual number of hours that you received for the course.

- | | |
|---|--|
| <input type="checkbox"/> Assistant Teacher - Early Childhood 1 - Intro. to Child Care | <input type="checkbox"/> 10-15 hr Infant Toddler Certificate |
| <input type="checkbox"/> Lead Teacher - Early Childhood 2 - Skills and Strategies | <input type="checkbox"/> 10-15hr School Age Assistant |
| <input type="checkbox"/> Intro to Child Care Part 1 | |
| <input type="checkbox"/> Intro to Child Care Part 2 | <input type="checkbox"/> Center Director |
| <input type="checkbox"/> 40-hr Family Child Care | <input type="checkbox"/> Center Administrator |
| <input type="checkbox"/> Module A - Module 1 | <input type="checkbox"/> 15-hr Administrator Supervision |
| <input type="checkbox"/> Module B - Module 2 | <input type="checkbox"/> 20-hr Program Director 1 |
| <input type="checkbox"/> 6-8 Fundamentals of Family Child Care | <input type="checkbox"/> 20-hr Program Director 2 |
| | <input type="checkbox"/> 40-hr School Age Teacher |

Total number of Postcards: _____ X \$10.00 each = \$_____

Enclose a Check or Money Order **payable to The Registry**. Send this form and payment to the following address:
5900 Monona Drive #205
Madison, Wisconsin 53716

You will receive your postcard(s) within 3 weeks of when we receive your complete request and payment.
Do not fax—payment must be received with the request by mail.