



如何填寫線上托兒工作者表揚申請表

您可在 <https://my.oregonregistryonline.org/> 網站找到托兒工作者表揚申請表

A：登入您的 myORO 帳戶或設立一個帳戶；您可在 <https://my.oregonregistryonline.org/> 登入或建立帳戶

B：點選位於左上角的「MyORO」，然後點選「Workforce Recognition Application」（托兒工作者表揚申請表），系統將會進入申請表

C：您可點選「submit application」（提交申請表）以開始填寫新的申請表。如果您已提交申請表，申請表將會出現於畫面中，您將可查看您的申請進度。



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Verify and update your informationStep 1 of 4

Before submitting your application for a Workforce Recognition Award, please ensure that your enrollment and employment information are up to date.

The application process will require you to specify the place of employment which is attached to your application. If you not see a record of your employment or position, please use the button below to make updates.

☐ My enrollment and employment information are up to date

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D：您將需在此步驟確認有關您工作地點的所有資訊均為最新資訊。

您必須將您的申請表連結至您的工作地點，因此您將需在步驟 1 更新您的個人檔案，然後再繼續進行步驟 2。

在您確認您的資訊均正確無誤之後，您可點選「my enrollment and employment information are up to date」（我的註冊資訊和就業資訊均為最新資訊），並點選「next」（下一步）

Additional informationStep 2 of 4

Please check any box which applies to your status.

☐ I am PSU student

☐ I am PSU employee

☐ I am a non-US citizen, resident alien or green card holder

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E：在步驟 2，您將需確認是否有任何選項適用於您。請勾選所有適用選項。

如果沒有任何選項適用於您，則您可點選「next」（下一步）



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F：在步驟 3，您將需選擇您所任職的設施。這應與您在申請表的步驟一期間在您個人檔案中所輸入的資訊一致。

如果畫面中沒有列出您目前工作的地點，請點選「start over」（重新開始）並更新您的個人檔案。

如果畫面中有列出您目前工作的地點，請選擇該設施並點選「next」（下一步）

Read and Agree

Step 4 of 4

You have reviewed the information provided in this application and attest that it is true and accurate to the best of your knowledge.

You agree to notify OCCD of any updates or changes to your information as they occur (e.g., change of address, name, etc.).

The Oregon Registry is a system that will manage your training and education records for licensing requirements and personal professional development. Oregon Registry representatives will undertake all necessary precautions to ensure that only authorized personnel will be able to access confidential information. Confidential information will not be disclosed for any purposes other than described here and as authorized by law. By your signature, you consent to the disclosure of your individual contact and training/education information to authorized personnel with the Office of Child Care, Oregon Center for Career Development, Department of Human Services, and/or the Central Coordination of Child Care Resource and Referral at The Research Institute and local child care resource and referral programs.

☐ I have read and acknowledge the above agreement

☐ I am currently providing child care in the state of Oregon.

☐ I provided child care as a provider or educator in the state of Oregon for at least 90 days in this year.

☐ I work at least 10 hours a week providing child care in Oregon.

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Submit

Start over

G：在最後的步驟，您將需閱讀此聲明以確認您在申請表中的資訊均正確無誤且屬實。

在您確認所有聲明後，您將接著點選「submit」（提交）！