

# Organizational PQAS Application for Institutions of Higher Ed

The Office of Child Development and Early Learning (OCDEL), in working to establish collaborations across the varied systems that provide professional development to early childhood and school-age professionals in Pennsylvania, approves organizations where the organization offers a professional development approval and oversight system for instructors that is comparable to PQAS.

The [Pennsylvania Quality Assurance System \(PQAS\)](#) certifies instructors and organizations which provide professional development to early childhood and school-age professionals in Pennsylvania. The PQAS maintains a registry of approved instructors to help ensure that professional development activities meet quality standards.

Staff who are approved, can only provide professional development under the auspices of the approved organization for events that are available to the early childhood education community.

## Application Process

- The review of the application will take up to 90 days once an application and all required documentation are received.
- The contact person on the application will be notified by email if additional items are needed.
- At the completion of the review process, the contact person will be notified by email indicating the status of the application.
- Approval is valid for three years.
- An updated application will need to be submitted once an approval is expired.

## Submit Application

**Subject Line:** Organizational PQAS Application

1. [Organization Information](#)
2. [Signed Representative Agreement](#)
3. [Professional Standard Area\(s\) Form](#)  
Must be filled out by all staff members seeking approval.
4. [Staff Spreadsheet](#)

Email completed application and all documents to [PQAS@pakeys.org](mailto:PQAS@pakeys.org).

**The Organization & Instructor Requirements below must be completed prior to applying.**

## Organization Requirements

IHE must have a current Organization Profile with the PD Registry.

### Create an Organization Profile\*

1. Log into [www.papdregistry.org](http://www.papdregistry.org)
2. Click on **Add Organization Profile** box within the main page of your profile.
3. Click **Create Profile**
4. Complete the Contact Information section
5. Answer **NO** for 'Does this organization provide care and/or education to children?'
6. Organization Type: Complete this section as I did in the below screenshot.
7. Organization Address: Complete this section.
8. Click **Submit**.

**\*NOTE:** Unsure if your organization already has an Organization Profile? Email [pgas@pakeys.org](mailto:pgas@pakeys.org) **BEFORE** creating a new profile.

## Instructor Requirements

Instructors must

- be a current employee of the organization;
- have a current profile in the PD Registry;
- attach a current Pediatric First Aid and Pediatric CPR to the Education tab of their PD Registry profile;
- complete the Professional Standard Area form within the application; and
- attach the Organization to the employment tab on their profile.

### Engaging Adult Learners\*

**\*NOTE:** This is a suggested course for all applicants. It is highly encouraged but not mandatory.

Engaging Adult Learners is a three-hour online course [in the PD Registry](#). To locate and register:

1. Go to **Search Training Events** in the left-hand menu
2. Scroll down and select **Training Type**.
3. Select **Online Self-Paced** and E Learning
4. Click **Search**
5. Scroll through the events until you find the online course you are looking for
6. Click **Register** and follow payment steps. (Cost: \$7.00)
7. Once you have registered, you may click on your **MY PD tab** to get to the course
8. If a blue box appears to the right of the course title, click on it to begin the course. If one does not appear click the course title to be taken to the course details where a link to the course will be provided.

Questions? Call 1-800-284-6031 or email [pgas@pakeys.org](mailto:pgas@pakeys.org).

## Organization Information

This application is to be completed by the person responsible for providing oversight to professional development programs within an Organization, Corporation, Association, or Agency.

**Institution of Higher Education:**

**Org ID#:**

**Address:**

**City:**

**State:**

**Zip:**

**Contact Person:**

**Title:**

**Email:**

**Phone:**

*Emphasis Area:*

*Professional development provided by the applicant targets the following groups (select all that apply):*

**Infant/Toddler**

**Preschool**

**School-Age**

**Adults**

## Representative Agreement

Check all and provide digital signature at the bottom of the page.

The Organization Representative\* agrees to:

Provide oversight to Instructors in the development, implementation, and evaluation of professional development experiences to ensure high quality services to Pennsylvania early childhood and school-age practitioners.

Code events using [Pennsylvania Professional Standards and Competencies for Early Childhood Educators](#) as applicable.

Post courses that are open to early childhood education and school-age professionals on [the Pennsylvania Key's PD Registry](#).

Follow recognized early childhood code of ethics, including delivering professional development in a culturally and individually sensitive manner using adult learning principles and current, developmentally appropriate best practices in the early childhood education and school-age fields.

Maintain records of each staff that documents each person's eligibility, including:

Résumé indicating at least a bachelor's degree or certification in a specialty discipline in a field related to the professional development event topic

Verifies instructors are current employees of the organization.

Verifies that outside contracted instructors, must have their Individual PQAS approval prior to event.

**Failure to follow the expectations will result in termination of the Organizational PQAS.**

I have read the above requirements and agree to comply with them.

\_\_\_\_\_  
Signature of Person Responsible for Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Professional Standard Area Form\*

**\*NOTE:** This form must be completed by all staff members seeking approval.

Please identify your ability to instruct in the specific Professional Standard Area(s) listed below, which are drawn from the Pennsylvania Professional Standards and Competencies for Early Childhood Educators. Select only those areas that are appropriate for your experience and educational background.

Name:

Registry ID#:

Professional Standard Area	Justification
<b>PSA 1:</b> Child Development and Learning in Context	
<b>PSA 2:</b> Family-Teacher Partnerships and Community Connections	
<b>PSA 3:</b> Child Observation, Documentation, and Assessment	
<b>PSA 4:</b> Developmentally, Culturally, and Linguistically Appropriate Teaching Practices	
<b>PSA 5:</b> Knowledge, Application, and Integration of Academic Content in the Early Childhood Curriculum	
<b>PSA 6:</b> Professionalism as an Early Childhood Educator	
<b>PSA 7:</b> Health and Safety	
<b>K8:</b> Program Organization and Administration	

