

**North Carolina Division of Child Development Credential Application**  
**Early Childhood Credential (NCECC), Family Child Care Credential**  
**(NCFCCC) and School-Age Child Care Credential (NCSACCC) (DCD.0168)**

DCD Use Only
WFID# _____

<b>A. APPLICANT INFORMATION—Fill in every blank or write N/A. Please print or type.</b>				SSN (last 4 digits):	Date of Birth (mm/dd/yy):
				/ /	/ /
Mr./Ms.	First Name:	MI:	Last Name:		
Maiden Name:			Email Address:		
Home Mailing Address (Include Apt # or lot #, if applicable):			City:	State:	Zip:
Home Phone (include area code): ( )		Cell Phone (include area code): ( )		County of Residence:	

<b>B. FACILITY EMPLOYMENT INFORMATION—If you are currently employed in a child care center or family child care home regulated by the Division of Child Development (DCD) you must provide all of the following:</b>					
Facility ID# (on license):		Facility Name:			
Facility Address:			City:	State:	Zip:
Facility Phone #: ( )	Date of employment (at this facility): / /	Date Employment ended: / /	# of hours worked per week on a regular basis: Check one: <input type="checkbox"/> 0-19 <input type="checkbox"/> 20-40 <input type="checkbox"/> 40+		
Current position at this facility (check one): <input type="checkbox"/> Director <input type="checkbox"/> Co-Director <input type="checkbox"/> Asst. Director <input type="checkbox"/> Family Child Care Home Provider <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Floater <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Group Leader <input type="checkbox"/> Other:					
If you were employed in a different DCD regulated facility at the time you completed the Credential coursework, you must provide all of the following:					Facility Name:
Facility ID# (on license):		Date of employment (at this facility): / /		Date Employment ended: / /	
				# of hours worked per week on a regular basis: Check one: <input type="checkbox"/> 0-19 <input type="checkbox"/> 20-40 <input type="checkbox"/> 40+	

<b>C. EDUCATIONAL BACKGROUND—Check all that have been completed. Attach all college level official transcripts. Please check here <input type="checkbox"/> if the NC Community College is mailing your official transcript separately.</b>					
High School Info (REQUIRED):			<input type="checkbox"/> High School Diploma (HSD) <input type="checkbox"/> Adult HSD <input type="checkbox"/> GED <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> None:		Year graduated from HS or GED Program:
<input type="checkbox"/> AA/AAS	Major:	College:	<input type="checkbox"/> MA/MS	Major:	College:
<input type="checkbox"/> BA/BS	Major:	College:	<input type="checkbox"/> EdD/PhD	Major:	College:
Are you currently enrolled in a NC Community College Early Childhood curriculum program? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of NC Community College: _____					
If all or part of your educational expenses have been paid by a scholarship, please check all that apply: <input type="checkbox"/> TEACH <input type="checkbox"/> Center Paid <input type="checkbox"/> CDA <input type="checkbox"/> Grant <input type="checkbox"/> Other: _____					

<b>D. COURSE INFORMATION: Read the instructions for Section D. before proceeding!</b>						
Course Code	Instructor's Name or Signature	Name of NC Community College where coursework completed	Date of Enrollment (mm/dd/yy)	Date Course Completed (mm/dd/yy)	# of Hrs. Absent	Grade
EDU 111						
EDU 112						
EDU 113						
EDU 119						
EDU 145						
EDU 235						
EDU 263						

**Note:** Successful completion of the credential coursework in regard to the certificate is determined by the NC Division of Child Development and is subject to laws, rules and regulations in effect upon completion of individual courses. I understand that approval of my credential certificate is conditional upon, but not limited to, successful completion of the coursework and receipt of a high school diploma or GED.

\*\*\*Check for accuracy, sign and date your application. Mail completed application with official transcripts. (see address on bottom of page 2) Please allow 8-12 weeks to receive your certificate.\*\*\*

*This statement must be signed and dated by applicant: I attest to the accuracy of the above information.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant should retain a copy of this form and any attached documentation for his/her records.

**Please read these instructions carefully. (Keep this page for your reference.)**

Incomplete forms will be returned and will delay processing.

**YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS FORM** to be considered for a credential certificate. Please print clearly in ink or type your answers. If a question does not apply to you, write N/A ("Not Applicable") in the space.

**Applicant should retain a copy of this form and any attached documentation for his/her records.**

### **Section A. Applicant Information:**

Complete all requested information in this section. Please include your maiden name (if applicable). Do not abbreviate street names, cities or counties.

### **Section B. Facility Employment Information:**

**Note: Students completing any credential coursework after 12/31/2008 who are not also on a T.E.A.C.H. scholarship will not receive a bonus award.**

### **Section C. Educational Background:**

**High School Information** (*this is a required field*): Check one. **To qualify for any of the credential certificates, the applicant must have a High School Diploma** (from a regionally accredited high school), **Adult High School Diploma or GED**. High school diplomas do not need to be submitted unless specifically requested by DCD. Please know that DCD may request proof of high school diploma or GED at anytime.

**College:** Check all that have been completed. **Official transcripts must be attached for ALL completed college level coursework, certificates, diplomas and/or degrees.** Please do not attach copies of in-service training documentation as these are not considered college coursework. Photocopies of transcripts, student or internet copies, and grade reports are NOT accepted. For any coursework over 10 years old to be counted, you must have earned a certificate, diploma or degree or be currently enrolled in a degree program with credit given on a current official transcript for this older coursework.

\***Accredited** is defined as an institution of higher education having nationally recognized regional accreditation by one of the six regional accrediting agencies. (For schools outside the U.S.A., the recognized system of the specified country's accreditation process will be accepted).

### **Section D. Course Information:**

#### **Credential Certificates:**

NC Early Childhood Credential (NCECC) = EDU 111 and EDU 112 **OR** EDU 119

NC Family Child Care Credential (NCFCCC) = EDU 111 and EDU 113 **OR** EDU 113 and EDU 119

NC School-Age Child Care Credential (NCSACCC) = EDU 145 and EDU 235 **OR** EDU 145 and EDU 263

#### **Credential Course Names:**

**EDU 111**—Early Childhood Credential I, **EDU 112**—Early Childhood Credential II, **EDU 113**—Family Early Child Credential,

**EDU 119**—Introduction to Early Childhood Education, **EDU 145**—Child Development II,

**EDU 235**—School-Age Development & Program, **EDU 263**—Development of School-Age Program

- 1. Instructor's Name or Signature:** Provide name of course instructor. *If a course was completed before March 1, 2001*, the actual instructor or Early Childhood Department Chair must sign this form and fill in the appropriate boxes.
- 2. Name of NC Community College Where Coursework Completed:** Provide name of NC Community College where you enrolled in the course, not name of facility or building where course was held.
- 3. Date of Enrollment:** Provide date of first class you attended for this course. Example: 01/15/02 **NOT** Spring 2002
- 4. Date Completed Course:** Provide date of last class you attended for this course. Example: 12/15/02 **NOT** Fall 2002
- 5. # of Hrs. Absent:** *If you completed the course before July 1, 1999*, the number of hours missed must be provided by the instructor or department chair.
- 6. Grade:** Attach official NC Community College transcripts to the form to verify course grades.

#### **NOTE:**

- To qualify for the NCSACCC, you must have completed EDU 145 and EDU 235 or EDU 263 after March, 1999.
- All courses (EDU 111, EDU 112, EDU 119, EDU 113, EDU 145, EDU 235, and/or EDU 263) must be completed at a NC Community College with a grade of C or better to qualify for a credential certificate.
- Grade PE (Credit Received), CE (Credit by Exam) or EL (Experiential Learning) disqualifies you from receiving the credential certificate.

#### **Mail to:**

Division of Child Development  
Workforce Education Unit  
2201 Mail Service Center  
Raleigh, NC 27699-2201

#### **Questions?**

Call the Workforce Education Unit  
919-662-4567 or 1-800-859-0829

#### **Website:**

[www.ncchildcare.net](http://www.ncchildcare.net)