

NC Early Educator Certification (EEC) INITIAL Certification Application

INITIAL Certification Application Instructions:

Complete the checklist and application to be certified by the NC Institute for Child Development Professionals. More information about EEC can be found at www.ncicdp.org. If you have any questions, please call 919-942-7442 or email info@ncicdp.org.

Your certification level is based on college coursework earned at a regionally accredited college or university (see FAQ). **Official transcripts** for ALL college coursework completed must be submitted. Send the original transcript with your application. Unofficial transcripts and copies of degrees are NOT accepted. You may, however, open the envelope your official transcript was mailed in to make a copy. Keep a copy of both your transcript and application for your records.

Two certification scales are currently available. If you work directly with children in a program licensed by the Division of Child Development and Early Education (DCDEE), your certification will be based on the ages of the children you serve. If you serve children ages birth to five, you will be certified on the Early Care and Education (ECE) Scale. If you serve children ages five to twelve, you will be certified on the School Age (SA) scale. If you serve children in both age groups, you will be certified on the ECE Scale. You may choose to be certified on both scales, see fees below.

INITIAL Certification Application Checklist

- Complete all application questions.
- Submit all official transcripts for all courses and/or degrees earned. Check all that apply:
 - Official transcripts are enclosed.
 - Internet Permission Form (IPF) is enclosed.¹
 - Transcripts are being sent directly to EEC from the following college(s).² _____
- Enclose the nonrefundable certification fee.³ Check the one that applies:
 - \$50* enclosed for certification on one scale corresponding to ages served. If you do not work in a DCDEE-licensed program, please select the scale for your certification: ECE or SA
 - \$60* enclosed for certification on both the ECE and SA scales
- Share your email address for notification that your application has been received. If no email address is provided and you would like to learn the status of your application, please call the EEC office at 919-942-7442.

*** Thanks to funding made possible through the Race to the Top Early Learning Challenge grant, a *birth to five funding source*, the certification fee for the Early Care and Education (ECE) Scale has been temporarily reduced to \$10 for qualifying applicants. Qualifying applicants must work directly with or on behalf of children ages birth to five. Contact the EEC office at 919-942-7442 if you are unsure if you qualify for the reduced fee. The School Age Scale can be added for an additional \$10. Those working with or on behalf of school age children only do not qualify for the reduced fee. *Your application, official transcript(s) and payment must be postmarked by 6/29/2013.***

School Age providers should include a copy of their BSAC certificate. This will be shared with the Workforce Section of the Division of Child Development and Early Education.

See opposite side (or page 2) for RENEWAL Application Instructions.

¹ Unless printed internally by the EEC team, documents printed from the Internet cannot be accepted. Please include an Internet Permission Form (IPF) if you would like the EEC team to download your grades directly from your college website. Please verify that your college provides this service prior to choosing the IPF option. Download the IPF here: http://ncicdp.org/documents/EEC_IPF.pdf.

² If you do not indicate the colleges sending transcripts, you could be certified at the wrong level.

³ EEC accepts checks or money orders. Credit card payments are not accepted at this time. Please make checks payable to NC Institute for Child Development Professionals. Your certification will not be processed without payment.

NC Early Educator Certification (EEC) RENEWAL Certification Application

RENEWAL Application Instructions:

Complete the checklist and application to renew your certification through the NC Institute for Child Development Professionals. More information about EEC can be found at www.ncicdp.org. If you have any questions, please call 919-942-7442 or email info@ncicdp.org.

Your certificate is valid for either three or five years based on your certification level. To keep your certification current you must reapply prior to its expiration date. Applicants are encouraged to reapply at least four months prior to their certificate expiration date to guarantee renewal before it expires. Renewal applicants must submit an updated EEC application and proof that renewal requirements have been completed. Please review your certification letter and the EEC Renewal Fact Sheet or contact the EEC office for more details.

How did you complete your renewal requirements? ___ semester credits and/or ___ Continuing Education Units (CEUs)

RENEWAL Application Checklist

- Complete all application questions.
- Submit proof that renewal requirements were met. Check all that apply:
 - Updated official transcripts are enclosed.
 - Updated official transcripts are on file with the Child Care WAGES® Project or are already on file with EEC.
 - Internet Permission Form (IPF) is enclosed.¹
 - Proof of CEUs is enclosed.
- Enclose the nonrefundable renewal fee.² Check the one that applies:
 - \$25* enclosed for renewal on one scale corresponding to ages served. If you do not work in a program licensed by the Division of Child Development and Early Education (DCDEE), please select the scale for your certification: ECE or SA
 - \$35* enclosed for renewal on both the ECE and SA scales

*** Thanks to funding made possible through the Race to the Top Early Learning Challenge grant, a *birth to five funding source*, the renewal fee for the Early Care and Education (ECE) Scale has been temporarily reduced to \$10 for qualifying applicants. Qualifying applicants must work directly with or on behalf of children ages **birth to five**. Contact the EEC office at 919-942-7442 if you are unsure if you qualify for the reduced fee. The School Age Scale can be added for an additional \$10. Those working with or on behalf of school age children **only** do not qualify for the reduced fee. *Your application, official transcript(s) and payment must be postmarked by 6/29/2013.***

Notes About Continuing Education Units (CEUs)

If you choose to complete CEUs for professional development, you must make sure that the CEUs meet the following criteria. CEU sessions must:

- Be worth at least .5 CEUs (5 contact hours) to count toward renewal.
- Fall under one of the DCDEE's nine topic areas (<http://ncicdp.org/continuing-education/ceu-guidelines-documents/>)
- Be offered through a regionally accredited (www.chea.org/Directories/regional.asp) community college or university, the local school systems/LEAs or a member of the International Association for Continuing Education & Training (www.iacet.org).

Not all certified early educators are eligible to complete CEUs for renewal. Please review your certification letter for more details.

See opposite side (or page 1) for INITIAL Application Instructions.

¹ Unless printed internally by the EEC team, documents printed from the Internet cannot be accepted. Please include an Internet Permission Form (IPF) if you would like the EEC team to download your grades directly from your college website. Please verify that your college provides this service prior to choosing the IPF option. Download the IPF here: http://ncicdp.org/documents/EEC_IPF.pdf.

² EEC accepts checks or money orders. Credit card payments are not accepted at this time. Please make checks payable to NC Institute for Child Development Professionals. Your certification will not be processed without payment.

I. Applicant Information

Date of Application:		County of Residence:		Last Four Digits of Social Security Number (SSN):	
First Name:		Middle Name:	Last Name:		Maiden Name (if applicable):
Name to Be Printed on Certificate: (If no name is specified your certificate will be printed with your first and last name as indicated above.)					
Mailing Address:			City:		State:
Home Phone: () ()	Cell Phone: () ()		Email Address:		
Date of Birth:	Gender (optional): <input type="checkbox"/> Male <input type="checkbox"/> Female		Native Language:		Secondary Language:
Ethnicity (optional): <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian American/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> White/European American <input type="checkbox"/> Hispanic American/Latino/Latina <input type="checkbox"/> Biracial <input type="checkbox"/> Other _____					

II. Educational Background

High School Information (required): <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Adult High School Diploma <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> None	Year of Graduation:
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Degrees Earned (check all that apply)	Major	Colleges Attended	Year Graduated
<input type="checkbox"/> No degree earned			
<input type="checkbox"/> AA/AAS			
<input type="checkbox"/> BA/BS			
<input type="checkbox"/> MA/MS			
<input type="checkbox"/> EdD/PhD			

College Certificate/Diploma/ Credentials Earned (check all that apply)	Area of Study	Colleges Attended	Years Attended
<input type="checkbox"/> None earned			
<input type="checkbox"/> Early Childhood, School Age or Family Child Care Credential			
<input type="checkbox"/> CDA			
<input type="checkbox"/> Certificate			
<input type="checkbox"/> Diploma			

Have you earned any college credits that are not listed above? Yes No If yes, please list:

Please list all current teaching licenses you hold:

Are you currently enrolled in a degree program at a community college, college or university? Yes No
 Please indicate your degree program and field of study:
 PhD _____ MA/MS _____ BA/BS _____ AAS _____

If you have a Bachelor's Degree or higher, are you currently working on a NC Birth through Kindergarten or Preschool Add-on license? Yes No Not applicable

III. Employment Information - Please select one of the following that best describes your current employment.

<input type="checkbox"/> DCDEE licensed child care center, home or afterschool program	<input type="checkbox"/> Child care resource and referral agency
<input type="checkbox"/> Unlicensed child care center, home or afterschool program	<input type="checkbox"/> Community college, college or university
<input type="checkbox"/> K-3 classroom	<input type="checkbox"/> Smart Start partnership for children (state or local)
	<input type="checkbox"/> Government agency
	<input type="checkbox"/> Other: _____

Skip to Section IV if one of the following is true:
 College student not employed in field, but intend to work with children ages: birth to five OR five to twelve
 High school student not employed in field, but intend to work with children ages: birth to five OR five to twelve
 Currently work in another field, but intend to work with children ages: birth to five OR five to twelve
 Unemployed, but intend to work with children ages: birth to five OR five to twelve

Please complete the following information as it applies to your current employment. If you are not currently employed in the field, skip this section.

Employer Name:			County of Employment:		
Employer Mailing Address:			City:		State:
Employer Phone: () ()		Employer Fax: () ()	Employer Email Address:		Employment Start Date: ____/____/____
Position Title: <input type="checkbox"/> Assistant Director <input type="checkbox"/> Assistant Teacher/Aide <input type="checkbox"/> Assistant Group Leader <input type="checkbox"/> Director/Administrator <input type="checkbox"/> Education Coordinator <input type="checkbox"/> Family Child Care Provider <input type="checkbox"/> Floater <input type="checkbox"/> Group Leader (Schoolage) <input type="checkbox"/> Owner/Director <input type="checkbox"/> Program Coordinator (Schoolage) <input type="checkbox"/> Program Coordinator (Preschool) <input type="checkbox"/> Teacher/Lead Teacher <input type="checkbox"/> Agency Director <input type="checkbox"/> Consultant <input type="checkbox"/> Faculty Member <input type="checkbox"/> Professional Development Coordinator/Provider <input type="checkbox"/> Researcher <input type="checkbox"/> Specialist: _____ <input type="checkbox"/> Technical Assistance Coordinator/Provider <input type="checkbox"/> Other: _____ (Please give full position title.)					
DCDEE Facility License Number: _____			Total Hours Worked Per Week:		How many hours per week are spent directly with children?
<input type="checkbox"/> Check here if you do not work in a licensed child care facility					
Ages of Children With Whom You Work (directly or indirectly):					
<input type="checkbox"/> Infants <input type="checkbox"/> Ones <input type="checkbox"/> Twos <input type="checkbox"/> Threes <input type="checkbox"/> Fours <input type="checkbox"/> Preschool Fives <input type="checkbox"/> Schoolage (K to 3 rd grade) <input type="checkbox"/> Schoolage (4 th grade and above)					
Do you spend at least 15% of your time working with children ages birth to five? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you work in a classroom or child care home, please indicate funding sources your classroom/home receives:					
<input type="checkbox"/> NC PreK <input type="checkbox"/> Part B: Preschool Disabilities Program <input type="checkbox"/> Title I <input type="checkbox"/> None of the above <input type="checkbox"/> Head Start <input type="checkbox"/> Part C: Infant/Toddler/CDSA <input type="checkbox"/> Don't know					

IV. Release of Information

By submitting this application, I acknowledge and agree as follows:

The North Carolina Institute for Child Development Professionals (the "Institute") and its agents will share aggregate certification and application data on its website without disclosing individual names.

The Institute may disclose whether or not I am certified. I consent that my employer may be notified if my certification is denied or rescinded because of my failure to comply with documentation requirements.

The Institute may confirm the information shown on my official certificate to any person, such as my employer, who presents my EEC identification number.

The Institute may share the contents of my application with the NC Division of Child Development and Early Education as required or appropriate, including for such purposes as supporting my employment in licensed child care facilities.

I give the Institute permission to share my information with the statewide Child Care WAGES® Project to support any application of mine or participation by me in that program.

I release the Institute and its agents from any liability or damages that may result from the assessment, release, sharing or maintenance of the information submitted by me on this application.

V. Statement of Affirmation

I _____ (applicant's name) attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I understand that falsifying application information or documentation or the failure to comply with documentation requirements may result in the inability to be certified or in the later loss of certification. If my certification is denied or rescinded due to my failure to comply with documentation requirements, I understand that my employer may be notified.

Applicant's Signature

Date

Send your completed application and required documentation to:
NC Early Educator Certification, NCICDP
PO Box 959, Chapel Hill, NC 27514

