

NH Early Childhood Credential Application

I. APPLICATION INFORMATION

Please mark the box(es) next to the position(s) for which you are applying. Credential level is dependent on qualifications and will be determined by the Credentialing Specialist.

	NH Family Child Care
	NH Early Childhood Teacher
	NH Early Childhood Master Teacher
	NH Early Childhood Administrator
	NH Early Childhood Master Professional (first selected endorsement included in fee, additional endorsements are \$5.00/each; endorsements listed below)
	Workshop Trainer endorsement
	Faculty endorsement
	Individual Mentor endorsement
	Program Consultant endorsement
	Allied Professional endorsement
	NH Early Childhood Infant and Toddler Endorsement

- New Application (\$25.00)
 New Position (\$25.00)
 Change of Level (\$10.00)
 Expired Credential (\$25.00)
 Application for Renewal (\$10.00)
 Credential Reprint (\$3.00)

*Each additional Master Professional and the Infant & Toddler endorsement is \$5.00

Please indicate the # of additional endorsements: _____
 Please make checks payable to: *Treasurer State of NH*

II. PERSONAL INFORMATION

Name _____ <i>(Please print your name exactly as you want it to appear on your credential)</i>	
Other name/s in which information may be received-maiden, etc.	
Home Address:	
City/State/Zip:	
E-mail:	
Primary Telephone: () -	Work Telephone: () -
Last 4 digits of Soc. Sec. #	

If applying between October 1st and March 1st, please check one of the following:

- YES, I would like to receive my credential in person at the Annual Celebration for EC and AS Professionals.
 NO, I will not be attending the Annual Celebration, please mail my credential.

FOR OFFICE USE ONLY:

Date Application Received: _____	Date Payment Received: _____	Check # _____
Check from: _____	Check amt: _____	Amount applied to app: _____
Credential Awarded: _____	Date: _____	Expires: _____

(Application continued on next page)

III. EDUCATIONAL HISTORY

- Coursework must be completed at a regionally accredited institute of higher education
- A copy of your high school diploma or GED may be required for some lattice levels*
- All credit and degree requirements must include a minimum of 3 credits focused on Child Growth and Development
- College course* transcripts must arrive in a sealed envelope from the college registrar's office
*Please refer to lattices and "approved coursework" for reference

Secondary Education	Institution	City/State	Date of Completion
High School Diploma; or			
GED			
Post-Secondary Education (College/Universities)	City/State	Date of Attendance	Degree(s) Awarded
Professional Credentials	City/State	Date Issued	Last Date of Renewal

IV. EMPLOYMENT INFORMATION*

Name of Program/Employer:	
Address:	
City/State/Zip:	
Phone number:	Program License #:
Full time or Part Time hours:	
Starting Date of Your Current Position:	

V. WORK EXPERIENCE*

*Please attach your *updated* resume, including current position, and please enclose a letter from current and previous employer(s) verifying the following: employment dates, position held, hours per week, and ages of children in your care. You only need to document employment as required per credential work experience requirements.

PLEASE NOTE: All supporting credential documentation must be received within 60 days of your initial credential application submission. Incomplete applications will be archived after 60 days. Should you re-apply for a credential, you will be required to resubmit all documentation, and the appropriate credential fees.

(Application continued on next page)

VI. ONGOING PROFESSIONAL TRAINING

Please attach copies of training certificates that include dates, length of training, and content in the Core Knowledge Areas as listed below. The present or host org./agency must sign certificates.

	Title of Training(s)	Date	Hours or Credits
Developing as a Professional	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Building Family and Community Relationship	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Teaching and Learning	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Promoting Child Growth and Development	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Observing, Documenting, and Assessing	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

VII. PROFESSIONAL ACTIVITY UNITS (PAU'S) – ATTACH DOCUMENTATION

All levels, with the exception of Family Child Care Level 1, and the NH Early Childhood Teacher level 1, require documentation of PAU's. Please refer to the appropriate lattice for the number of PAU's required. Please contact the Credentialing Specialist with any questions at 603-271-4686.

The information presented in this packet is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____

Please mail your completed application with materials to:

**DHHS/DCYF/Child Development Bureau
 ATTN: Credentialing Specialist
 129 Pleasant Street
 Concord, NH 03301**