

Professional Development Plan (Part II)

Name: _____

Title/Position: _____

Date of hire: _____ Hours per week: _____ Age group: _____

Education Completed:

- ____ GED
- ____ High School Diploma
- ____ Associate Degree (Major: _____)
- ____ Baccalaureate Degree (Major: _____)
- ____ Master's Degree (Concentration: _____)
- ____ Doctorate (Dissertation: _____)

ACTION PLAN FOR PROFESSIONAL GROWTH AND DEVELOPMENT

<u>Goal</u> <i>What do you want to learn more about, do better, and/or achieve? (Core Knowledge Area)</i>	<u>Activity</u> <i>What activity will you engage in to achieve your goal (for example: enroll in a class, complete a workshop, review literature, plan a specific event or activity, etc)?</i>	<u>Resources Needed</u>	<u>Progress Assessment</u>	<u>Date completed</u>	<u>Evidence of Accomplishment</u>
Example <i>CKA= Developing as Professional</i>	<i>I want to learn more about professional standards and the credentialing process. I would eventually like to apply for a credential.</i>	<i>NH ECPDS guidebook / time</i>	<i>Check back in 3 weeks</i>		<i>Display credential</i>

Reviewed By: _____

Reviewed By: _____

Initial review Date: _____
 Semi-annual review Date: _____

Quarterly review Date: _____
 Yearly- review Date: _____

TRANSCRIPT REQUEST FORM

To (Name of College/University):

Date:

This is a formal request that a signed and sealed official transcript be forwarded to the address below. Please enclose a transcript key to assist in the evaluation of credits.

Current Name:

Other name(s) under which transcript might be found:

Current Address:

Social Security Number:

Dates attended/Tests taken:

Signature: _____ **Date:** _____

Please mail transcripts and a copy of this form to:

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

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.

<input type="checkbox"/>	NH Family Child Care
<input type="checkbox"/>	NH Early Childhood Teacher
<input type="checkbox"/>	NH Early Childhood Master Teacher
<input type="checkbox"/>	NH Early Childhood Administrator
<input type="checkbox"/>	NH Early Childhood Master Professional (first selected endorsement included in fee, additional endorsements are \$5.00/each; endorsements listed below)
<input type="checkbox"/>	Workshop Trainer endorsement
<input type="checkbox"/>	Faculty endorsement
<input type="checkbox"/>	Individual Mentor endorsement
<input type="checkbox"/>	Program Consultant endorsement
<input type="checkbox"/>	Allied Professional endorsement
<input type="checkbox"/>	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 _____
 (Please print your name exactly as you want it to appear on your credential)

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)