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

<table>
<thead>
<tr>
<th>Goal</th>
<th>Activity</th>
<th>Resources Needed</th>
<th>Progress Assessment</th>
<th>Date completed</th>
<th>Evidence of Accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>CKA - Developing as Professional</td>
<td>I want to learn more about professional standards and the credentialing process. I would eventually like to apply for a credential.</td>
<td>NH ECPS guidebook/online</td>
<td>Check back in 3 weeks</td>
<td>Display credential</td>
</tr>
</tbody>
</table>

Reviewed By:____________________________________________________________________

Reviewed By:___________________________________________________________________

☐ Initial review Date:_____________ ☐ Quarterly review Date:_____________

☐ Semi-annual 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.

- 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 ____________________________
(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 amount: _______ Amount applied to app: _______

Credential Awarded: __________ Date: __________ Expires: __________

(Application continued on next page)