



## Child Care Aware of New Hampshire A Program of Southern New Hampshire Services



Child Care Aware of New Hampshire – Main Office 88 Temple Street, Nashua, NH 03060

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<http://nh-connections.org/> or [www.SNHS.org](http://www.SNHS.org)

### INDIVIDUAL CREDENTIAL CHALLENGE COMMITMENT

Child Care Aware of NH (CCAoNH), a program of Southern New Hampshire Services and the Bureau of Child Development and Head Start Collaboration (BCDHSC) are once again teaming up to bring you the Credential Challenge. We challenge you to show your professionalism and be recognized for your accomplishments by becoming credentialed under the NH Early Childhood Professional Development System! Individuals participating will receive incentives and be entered to win some great raffle items for their participation.

If you are interested in becoming credentialed, we encourage you to complete the commitment form below and share your interest and intent with us.

**Your Name:** \_\_\_\_\_ **Program Name:** \_\_\_\_\_

**To participate in the Individual Credential Challenge, you will commit to the following:**

- Register in the NHCIS Professional Registry and complete the employment and education sections.
- Receive technical assistance (TA) from a Child Care Aware of NH Training and Technical Assistance Specialist or from the Bureau of Child Development and Head Start Collaboration's (BCDHSC) Credentialing Specialist to complete your credential application(s).

**Child Care Aware of NH will:**

- Provide TA for the credential applications.
- Cover the cost of the credential applications and infant/toddler endorsements.

**The Bureau of Child Development and Head Start Collaboration will:**

- Provide any additional TA, as needed with the credentialing application process.
- Process the credential applications, in a timely manner, in the order they are received.
- Highlight and recognize each individual that successfully completes the Individual Credentialing Challenge during the 2023 Celebration of Early Childhood Professionals.

**The Individual Credential Challenge raffle items:**

- \$150 for Classroom Supplies
- \$100 for Self-Care or Professional Development
- \$100 Spa Finder Gift Card
- Choose Love bundle



Child Care Aware of New Hampshire is a Child Care Resource and Referral Program of Southern New Hampshire Services. The preparation of this document was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Economic and Housing Stability, Bureau of Child Development and Head Start Collaboration with funds provided in part by the State of New Hampshire and the US Department of Health and Human Services.

## Information and Release Individual Credential Challenge Commitment

I \_\_\_\_\_ the undersigned, do hereby give and grant permission to Child Care Aware of New Hampshire (CCAoNH), a program of Southern New Hampshire Services, to share my individual and program information, when applicable with the Bureau of Child Development and Head Start Collaboration (BCDHSC) for purposes of obtaining my New Hampshire Professional Development Credential and/or to participate in the Credential Challenge.

I understand that my assigned Training and Technical Assistance (TA) Specialist through CCAoNH will communicate with the BCDHSC in efforts for me to submit a complete credential application and/or to meet the requirements of the Credential Challenge.

I understand that all final decisions regarding credentials awarded are determined by the BCDHSC.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Please keep a copy of this release form for your records and mail a copy to Child Care Aware of New Hampshire, Attn: Individual Credential Challenge, 88 Temple Street, Nashua, NH 03060 or email [ccrta@snhs.org](mailto:ccrta@snhs.org), please use subject line "Individual Credential Challenge".

**To Be Completed by CCAoNH Staff**

**Date Application Was Received:** \_\_\_\_\_

**Name of Training and TA Specialist Assigned:** \_\_\_\_\_



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