

Appendix B

NH Early Childhood Credential Application

I. APPLICATION INFORMATION

Please enter the fee in the box to the left of each credential for which you are applying. Credential level is dependent on qualifications and will be determined by the Credentialing Specialist.

\$	NH Early Childhood Professional
\$	NH Early Childhood Administrator
\$	NH Early Childhood Professional Development Specialist (check all that apply)
	Trainer endorsement
	Mentor endorsement
	Consultant endorsement
	Coach endorsement
	Faculty endorsement
\$	NH Early Childhood Infant and Toddler Endorsement*
\$	TOTAL PAYMENT DUE

- | | |
|--|---|
| <input type="checkbox"/> New Credential (\$15.00)/credential | <input type="checkbox"/> Change of Level (\$10.00)/credential |
| <input type="checkbox"/> Expired Credential (\$15.00)/credential | <input type="checkbox"/> Application for Renewal (\$10.00)/credential |
| <input type="checkbox"/> Credential Reprint (\$3.00) | |

* The **Infant & Toddler** endorsement is \$5.00

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: () - -

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 an accredited institute of higher education
- A copy of your high school diploma or GED/HiSET/TASC 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 or electronically 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/HiSET/TASC			
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 worked 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 DEVELOPMENT

Please attach copies of training certificates that include dates, length of training, and content in the Core Knowledge Areas. The presenter or host organization/agency must sign certificates. Or include your Training Transcript from the New Hampshire Connections Information System.

VII. PROFESSIONAL DEVELOPMENT PLAN – ATTACH DOCUMENTATION

All levels require a professional development plan based on self-assessment of competencies. Please refer to the appropriate lattice for the number of competencies required. Please contact the Credentialing Specialist with any questions at 603-271-4684.

VIII. PROFESSIONAL ACTIVITY UNITS – ATTACH DOCUMENTATION

All credentials except the Emerging Professional require professional activity units. Please refer to the appropriate lattice for the number of units required. A copy of the pages of the Professional Activities Matrix that contain activities completed must be attached along with the appropriate documentation. Please see Appendix F for the Matrix. Please contact the Credentialing Specialist with any questions at 603-271-4684.

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/DEHS/Bureau of Child Development and Head Start Collaboration
ATTN: Credentialing Specialist
129 Pleasant Street
Concord, NH 03301**