

North Carolina Division of Child Development Workforce Change of Information Form (DCD.0120)

DCD Use Only
WFID#

Complete and submit this form to the Workforce Education Unit when you have a change of information in name, address, facility of employment and/or educational status. You would also submit this form to request an education evaluation for a different child care position(s) after you had submitted an original Education and Equivalency Form. **Please print or type.**

Required Fields (Complete all fields in this section)		SSN (Last 4 Digits Only):	Email Address:		
Date of Birth (mm/dd/yy): / /	Current Legal Name (First, Middle Initial, Last):				
Current Home Mailing Address:			City:	State:	Zip Code:
Home Phone #: ()	Cell Phone # (If Applicable): ()		County of Residence:		

A. Change of Name (Complete this section if your legal name has changed)	Date Current Name Effective: / /
Previous Legal Name (First, Middle Initial, Last):	

B. Change of Address (Complete this section if your mailing address has changed)	Date Current Address Effective: / /			
Previous Home Mailing Address:		City:	State:	Zip Code:

C. Change of Employment (Complete this section if your facility of employment has changed)	Date Employed at this Facility: / /			
Name of Current Facility:	Facility ID # (on license):	Facility Telephone #: ()		
Address of Current Facility:		City:	State:	Zip Code:
Name of Previous Facility:	Facility ID # (on license):	Date Employment Ended: / /		

D. Change of Educational Status (Check one or both options)	Attach all NEW college level official transcripts which have not been previously submitted to the Division of Child Development, Workforce Education Unit.
<input type="checkbox"/> I have completed additional early childhood education college coursework since I last submitted an official transcript(s). <input type="checkbox"/> I have completed and been awarded a certificate, diploma and/or degree since I last submitted an official transcript(s).	

E. Change of Child Care Position (Check one or multiple positions)	Attach all paperwork which is required to meet the education standards to qualify for the checked position(s).
<input type="checkbox"/> Lead Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Family Child Care Home Provider <input type="checkbox"/> Group Leader <input type="checkbox"/> Program Coordinator	
Note: If the change of child care position is for an Administrator, then you must submit an original NC Education and Equivalency Form for Child Care Administrators (DCD.0173) to be evaluated for qualification as an Administrator.	

Mail to: NC Division of Child Development
Workforce Education Unit
2201 Mail Service Center
Raleigh, NC 27699-2201

Questions: Call the Workforce Education Unit
919-662-4567 or 1-800-859-0829

Website: www.ncchildcare.net

Comments:
