

## NC Early Educator Certification (EEC) Application

Complete the following checklist and application to be certified by the NC Institute for Child Development Professionals. More information about EEC can be found at [www.ncicdp.org](http://www.ncicdp.org).

### Certification Instructions:

Your EEC level is based on college coursework earned at a regionally accredited college or university (see FAQ). **Official transcripts** for ALL college coursework completed must be submitted. Copies of degrees and unofficial transcripts are not accepted. If you have not yet completed any college coursework, please enclose a copy of your High School Diploma, GED or proof of enrollment.

#### Certification Application Checklist

- Complete all application questions.
- Submit all official transcripts for all courses and/or degrees earned.  
Check all that apply:
  - Transcripts are enclosed.
  - Internet Permission Form (IPF) is enclosed<sup>1</sup>.
  - Transcripts are being sent directly from the following college(s)<sup>2</sup>. \_\_\_\_\_
- No college coursework has been completed. High School Diploma/GED or proof of enrollment is enclosed.
- Enclose the \$50 **nonrefundable** Certification fee<sup>3</sup>.
  - Check or money order is enclosed.
  - No payment is required: my fee is covered by another source.
- Share your email address for prompt notification that your application has been received. If no email address is provided and you would like to learn the status of your application, please call the EEC office at 919-942-7442.

### Recertification Instructions:

Your certificate is valid for a period of time based on the amount of education you possess when you become certified (see Scale). Recertification applicants must submit an updated application and proof that recertification requirements have been completed. The cost of recertification is \$25. If your certificate expires prior to your application for recertification, a \$50 fee applies. Applicants are encouraged to reapply at least four months prior to your expiration date to guarantee recertification before your certificate expires. Please see the EEC Fact Sheet or contact the EEC office for more details about recertification requirements.

#### Recertification Application Checklist

- Complete all application questions.
- Submit proof that recertification requirements were met.  
Check all that apply:
  - Updated transcripts are enclosed.
  - Internet Permission Form (IPF) is enclosed.
  - Updated transcripts are being sent directly from the following college(s). \_\_\_\_\_
- Proof of Continuing Education Units (CEUs) are enclosed.
- Enclose the **nonrefundable** recertification fee.
  - \$25 recertification fee *OR*
  - \$50 late recertification fee

<sup>1</sup> Unless printed internally by the EEC team, documents printed from the Internet cannot be accepted. Please include an Internet Permission Form (IPF) if you would like the EEC team to download your grades directly from your college website. Please verify that your college provides this service prior to choosing the IPF option. Contact the EEC office for an IPF or download it from their website at [http://www.ncicdp.org/Transcript\\_Form.pdf](http://www.ncicdp.org/Transcript_Form.pdf).

<sup>2</sup> If you do not indicate the colleges sending transcripts, you may be certified at the wrong level.

<sup>3</sup> Initial certification is \$50. Recertification is \$25 for individuals applying before their expiration date and \$50 for those applying after their certificate has expired. EEC accepts checks or money orders. (Credit card payments are not accepted at this time.) Please make checks payable to NC Institute for Child Development Professionals. Your certification will not be processed without payment unless you are covered by another source.

Name: \_\_\_\_\_

### I. Applicant Information

<b>Date of Application:</b>		<b>County of Residence:</b>		<b>Last Four Digits of Social Security Number:</b>	
<b>First Name:</b>		<b>Middle Name:</b>	<b>Last Name:</b>		<b>Maiden Name (if applicable):</b>
<b>Name to Be Printed on Certificate:</b> (If no name is specified your certificate will be printed with your first and last name as indicated above.)					
<b>Mailing Address: Street</b>				<b>City:</b>	<b>State:</b>
<b>Home Phone:</b> ( ) ( )	<b>Cell Phone:</b> ( ) ( )		<b>Email Address:</b>		
<b>Date of Birth:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Native Language:</b>	<b>Secondary Language:</b>
<b>Ethnicity:</b> <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian American/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> White/European American <input type="checkbox"/> Hispanic American/Latino/Latina <input type="checkbox"/> Biracial <input type="checkbox"/> Other _____					

### II. Educational Background

<b>High School Information (required):</b> <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Adult High School Diploma <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> None				<b>Year of Graduation:</b>	
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Degrees Earned (check all that apply)	Major	Colleges Attended	Year Graduated
<input type="checkbox"/> No degree earned			
<input type="checkbox"/> AA/AAS			
<input type="checkbox"/> BA/BS			
<input type="checkbox"/> MA/MS			
<input type="checkbox"/> EdD/PhD			

College Certificate/Diploma/ Credentials Earned (check all that apply)	Area of Study	Colleges Attended	Years Attended
<input type="checkbox"/> None earned			
<input type="checkbox"/> Credential			
<input type="checkbox"/> CDA			
<input type="checkbox"/> Certificate			
<input type="checkbox"/> Diploma			

Have you earned any college credits that are not listed above?  Yes  No If yes, please list:  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list all current teaching licenses you hold: \_\_\_\_\_

Are you currently enrolled in a degree program at a community college, college or university?  Yes  No  
 If yes, what is your anticipated degree completion date (month and year)? \_\_\_\_\_

Please indicate your degree program and field of study:  
 PhD \_\_\_\_\_  MA/MS \_\_\_\_\_  BA/BS \_\_\_\_\_  AAS \_\_\_\_\_

If you have a Bachelor's Degree or higher, are you currently working on a NC Birth through Kindergarten or Preschool Add-on license?  Yes  No  Not applicable

### III. EXPERIENCE

How long have you worked in an early care and education setting (children ages birth to five)?	___ yrs ___ mos ___ NA
How long have you worked in an afterschool setting (children ages five to twelve)?	___ yrs ___ mos ___ NA
How long have you worked on behalf of children (in the field, but not directly with children)?	___ yrs ___ mos ___ NA

Name: \_\_\_\_\_

**IV. Employment Information**

**Please select one of the following that best describes your current employment:**

<input type="checkbox"/> DCD licensed child care facility	<input type="checkbox"/> child care resource and referral agency
<input type="checkbox"/> unlicensed child care program	<input type="checkbox"/> community college, college or university
<input type="checkbox"/> K-3 classroom	<input type="checkbox"/> local or state partnership for children
<input type="checkbox"/> afterschool program	<input type="checkbox"/> federal, state or government agency
	<input type="checkbox"/> other employment: _____

**Skip to Section V if one of the following is true:**

<input type="checkbox"/> college student not employed in field
<input type="checkbox"/> high school student not employed in field
<input type="checkbox"/> currently work in another field, but intend to work directly with or on behalf of children ages birth to twelve
<input type="checkbox"/> unemployed, but intend to work directly with or on behalf of children ages birth to twelve

**Please complete the following information as it applies to your current employment. If you are not currently employed in the field, skip this section.**

<b>Employer Name:</b>		<b>County of Employment:</b>	
<b>Employer Mailing Address:</b>		<b>City:</b>	<b>State:</b>
			<b>Zip:</b>
<b>Employer Phone:</b> ( ) ( )	<b>Employer Fax:</b> ( ) ( )	<b>Employer Email Address:</b>	<b>Employment Start Date:</b> ____/____/____
<b>Position Title:</b>			
<input type="checkbox"/> Assistant Director <input type="checkbox"/> Assistant Teacher/Aide <input type="checkbox"/> Assistant Group Leader <input type="checkbox"/> Director/Administrator <input type="checkbox"/> Education Coordinator <input type="checkbox"/> Family Child Care Provider <input type="checkbox"/> Floater <input type="checkbox"/> Group Leader (Schoolage) <input type="checkbox"/> Owner/Director <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Teacher/Lead Teacher		<input type="checkbox"/> Agency Director <input type="checkbox"/> Consultant <input type="checkbox"/> Faculty Member <input type="checkbox"/> Professional Development Coordinator/Provider <input type="checkbox"/> Researcher <input type="checkbox"/> Specialist: _____ <input type="checkbox"/> Technical Assistance Coordinator/Provider <input type="checkbox"/> Other: _____ (Please give full position title.)	
<b>DCD Facility License Number:</b> _____		<b>Total Hours Worked Per Week:</b>	<b>How many hours per week are spent directly with children?</b>
<input type="checkbox"/> Check here if you do not work in a licensed child care facility			
<b>Ages of Children With Whom You Work Directly:</b>			
<input type="checkbox"/> Infants <input type="checkbox"/> Twos <input type="checkbox"/> Fours <input type="checkbox"/> Schoolage (Kindergarten to 3 <sup>rd</sup> grade) <input type="checkbox"/> Not applicable <input type="checkbox"/> Ones <input type="checkbox"/> Threes <input type="checkbox"/> Fives <input type="checkbox"/> Schoolage (4 <sup>th</sup> grade and above)			
<b>If you work in a classroom or child care home, please indicate funding sources your classroom/home receives:</b>			
<input type="checkbox"/> More at Four <input type="checkbox"/> Part B: Preschool Disabilities Program <input type="checkbox"/> Title I <input type="checkbox"/> None of the above <input type="checkbox"/> Head Start <input type="checkbox"/> Part C: Infant/Toddler/CDSA <input type="checkbox"/> Don't know			
<b>If you work in a child care setting, how many months per year is your program in operation?</b> <input type="checkbox"/> 12 mos <input type="checkbox"/> 10 mos <input type="checkbox"/> other			
<b>If you work in a child care setting, how many months per year do you work?</b> <input type="checkbox"/> 12 mos <input type="checkbox"/> 10 mos <input type="checkbox"/> other			
<b>Current Rate of Pay:</b> \$ _____ (check one) <input type="checkbox"/> hourly <input type="checkbox"/> semi-monthly (2 times a month) <input type="checkbox"/> annually			
<input type="checkbox"/> weekly <input type="checkbox"/> monthly (10 months) <input type="checkbox"/> biweekly <input type="checkbox"/> monthly (12 months)			

**V. Professional Supports**

**Place a check mark in all boxes that apply:**

	<b>I am currently receiving:</b>	<b>I previously received:</b>	<b>I have never received:</b>
<b>T.E.A.C.H. Early Childhood® Scholarship</b>			
<b>Pell Grant</b>			
<b>Other financial aid</b>			
<b>Salary supplement such as Child Care WAGES®</b>			

**V. Professional Supports Continued**

**Do you have health insurance from any source?**  Yes  No

If yes, check one of the explanations below:

- I am fully paying for my own health insurance.
- I am covered by my spouse's policy.
- I purchase my insurance through my employer, but I pay the full cost.
- My insurance is fully paid by my employer.
- My insurance is partially paid by my employer and I pay part of the cost.
- I am covered through Medicare/Medicaid.
- Other: \_\_\_\_\_

**Do you participate in a retirement plan other than Social Security?**  Yes  No

If yes, check one of the explanations below:

- I have a retirement plan, but my employer does not contribute.
- My employer contributes to my retirement plan, but I do not.
- My employer and I both contribute to my retirement plan.
- Other: \_\_\_\_\_

**VI. Release of Information**

In an effort to align our systems and keep records up to date, Early Educator Certification and the Child Care WAGE\$® Project can share application information and educational documentation. If you work in a participating county at a licensed child care facility you may have your application sent directly to Child Care WAGE\$®. If you are already a WAGE\$ participant, EEC can update your WAGE\$ file. Do you give permission for the release of your application to Child Care WAGE\$® and for the two programs to share education documents in the future as needed?

- Yes
- No
- NA (not working in a licensed child care facility or WAGE\$ county)

**VII. Statement of Affirmation**

I, \_\_\_\_\_ (applicant's name), attest that the information appearing on this application and the supporting documentation is true to the best of my knowledge.

*To be considered for certification, I understand that my name, certification level, recertification date and/or employer name and employer's address may be released to third parties and to the general public. I hereby authorize and consent to the release and sharing of such information by Child Care Services Association, on behalf of the NC Institute for Child Development Professionals (Institute), to and with third parties and the general public. I understand that if the cost of my certification has been paid by another party, the Institute may release specific educational data, including transcripts, and/or other information as required by that funding party. I hereby release the Institute from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors or omissions.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Send your completed application and required documentation to:

**NC Early Educator Certification  
NC Institute for Child Development Professionals  
PO Box 959, Chapel Hill, NC 27514**

**If you have any questions, please call 919-942-7442 or email [info@nceec.org](mailto:info@nceec.org).**