

NC Early Educator Certification (EEC) Application

Initial Certification Application Instructions:

Complete the 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. If you have any questions, please call 919-942-7442 or email info@nceec.org.

Your Certification 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. Keep a copy of your application and transcripts. You may open the envelope your official transcript was mailed in and make a copy for your files. Send the original transcript with your application. Copies of degrees and unofficial transcripts are not accepted.

Two certification scales are currently available. If you work directly with children in a DCD licensed child care program, your certification will be based on the ages of the children you serve. If you serve children ages birth to five, you will be certified on the Early Care and Education (ECE) Scale. If you serve children ages five to twelve, you will be certified on the School Age (SA) scale. If you serve children in both age groups, you will be certified on the ECE Scale. You may choose to be certified on both scales, see fees below.

Initial 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 enclosed¹.
 - Transcripts are being sent directly to EEC from the following college(s)². _____
- Enclose the **nonrefundable** Certification fee³. Check the **one** that applies:
 - \$50 enclosed for certification on one scale corresponding to ages served. If you do not work in a DCD licensed program, please select the scale for your certification: ECE or SA
 - \$65 enclosed for certification on both the ECE and SA scales
- Share your email address for 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.

School Age providers should include a copy of their BSAC certificate. This will be shared with the Workforce Section of the Division of Child Development.

Renewal Application Instructions:

Your certificate is valid for either three or five years based on the amount of education you possess when you become certified (see Scales). Applicants are encouraged to reapply at least four months prior to your expiration date to guarantee renewal before your certificate expires. Renewal applicants must submit an updated EEC application and proof that renewal requirements have been completed. The cost of renewal is \$25 for one scale and \$35 for two scales. If your certificate expires prior to your application for renewal, a \$50 fee applies for one scale and \$65 for two scales. Please review the EEC Fact Sheet or contact the EEC office for more details.

Renewal Application Checklist

- Complete all application questions.
- Submit proof that renewal requirements were met. Check all that apply:
 - Updated transcripts are enclosed.
 - Internet Permission Form (IPF) is enclosed.
 - Updated transcripts are being sent directly to EEC from the following college(s). _____
 - Proof of Continuing Education Units (CEUs) are enclosed.
- Enclose the **nonrefundable** renewal fee. Check the **one** that applies:
 - \$25 enclosed for renewal on one scale corresponding to ages served. If you do not work in a DCD licensed program, please select the scale for your certification: ECE or SA
 - \$35 enclosed for renewal on both the ECE and SA scales
 - \$50 enclosed for late renewal fee on one scale corresponding to ages served. If you do not work in a DCD licensed program, please select the scale for your certification: ECE or SA
 - \$65 enclosed for late renewal on both the ECE and SA scales

¹ 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. Download the IPF here: http://ncicdp.org/documents/EEC_IPF.pdf.

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

³ 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.

I. Applicant Information

Date of Application:		County of Residence:		Last Four Digits of Social Security Number (SSN):	
First Name:		Middle Name:	Last Name:		Maiden Name (if applicable):
Name to Be Printed on Certificate: (If no name is specified your certificate will be printed with your first and last name as indicated above.)					
Mailing Address:			City:		State:
Home Phone: () ()	Cell Phone: () ()		Email Address:		
Date of Birth:		Gender: (optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	Native Language:		Secondary Language:
Ethnicity (optional): <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

High School Information (required): <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	Year of Graduation:
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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"/> Early Childhood, School Age or Family Child Care 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
 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. Employment Information - Please select one of the following that best describes your current employment.

<input type="checkbox"/> DCD licensed child care center, home or afterschool program	<input type="checkbox"/> Child care resource and referral agency
<input type="checkbox"/> Unlicensed child care center, home or afterschool program	<input type="checkbox"/> Community college, college or university
<input type="checkbox"/> K-3 classroom	<input type="checkbox"/> Smart Start partnership for children (state or local)
	<input type="checkbox"/> Government agency
	<input type="checkbox"/> Other: _____

Skip to Section IV if one of the following is true:
 College student not employed in field
 High school student not employed in field
 Currently work in another field, but intend to work directly with or on behalf of children ages birth to twelve
 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.

Employer Name:			County of Employment:		
Employer Mailing Address:			City:		State:
Employer Phone: () ()		Employer Fax: () ()	Employer Email Address:		Employment Start Date: ____/____/____
Position Title: <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.)					
DCD Facility License Number: _____ <input type="checkbox"/> Check here if you do not work in a licensed child care facility			Total Hours Worked Per Week:		How many hours per week are spent directly with children?
Ages of Children With Whom You Work Directly: <input type="checkbox"/> Infants <input type="checkbox"/> Twos <input type="checkbox"/> Fours <input type="checkbox"/> Schoolage (Kindergarten to 3 rd grade) <input type="checkbox"/> Not applicable <input type="checkbox"/> Ones <input type="checkbox"/> Threes <input type="checkbox"/> Fives <input type="checkbox"/> Schoolage (4 th grade and above)					
If you work in a classroom or child care home, please indicate funding sources your classroom/home receives: <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					

IV. Release of Information

By submitting this application, I acknowledge and agree as follows:

The North Carolina Institute for Child Development Professionals (the "Institute") and its agents will share aggregate certification and application data on its website without disclosing individual names.

The Institute may disclose whether or not I am certified.

The Institute may confirm the information shown on my official certificate to any person, such as my employer, who presents my EEC identification number.

The Institute may share the contents of my application with the NC Division of Child Development as required or appropriate, including for such purposes as supporting my employment in licensed child care facilities, and with the NC Office of Early Learning to support my employment in More at Four positions.

I give the Institute permission to share my information with the statewide Child Care WAGES® Project to support any application of mine or participation by me in that program.

I release the Institute and its agents from any liability or damages that may result from the assessment, release, sharing or maintenance of the information submitted by me on this application.

V. Statement of Affirmation

I _____ (applicant's name) attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I understand that falsifying application information or documentation may result in the inability to be certified or in the later loss of certification.

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

