

## NC Early Educator Certification (EEC) Certification Application

Complete the checklist and application to be certified by the NC Institute for Child Development Professionals (Institute). More information about EEC can be found at [www.ncicdp.org](http://www.ncicdp.org). If you have any questions, please call 919-942-7442 or email [info@ncicdp.org](mailto:info@ncicdp.org).

### INITIAL Certification Application Instructions:

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. Send the original transcript with your application. Unofficial transcripts and copies of degrees are NOT accepted. You may, however, open the envelope your official transcript was mailed in to make a copy. Keep a copy of both your transcript and application for your records.

Two certification scales are currently available. Unless indicated otherwise, 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.

The Institute offers three endorsements designed to reflect specific roles in early care and education and school age care. Endorsements are held in conjunction with EEC. You can learn more here: <http://ncicdp.org/certification-licensure/endorsements/>.

### INITIAL Certification Application Checklist

- Complete all application questions.
- Submit all official transcripts for all courses and/or degrees earned. Check all that apply:
  - Official transcripts are enclosed.
  - Internet Permission Form (IPF) is enclosed.<sup>1</sup>
  - Transcripts are being sent directly to EEC from the following college(s).<sup>2</sup> \_\_\_\_\_
- Enclose the nonrefundable fee in the form of a check or money order made payable to NCICDP.<sup>3</sup> Check the one that applies:
  - \$50 enclosed for initial certification. Select the scale for your certification:  ECE or  SA
  - \$60 enclosed for certification on both the ECE and SA scales

### RENEWAL Application Instructions:

Your certificate is valid for either three or five years based on your certification level. To keep your certification current you must reapply prior to its expiration date. Applicants are encouraged to reapply three months prior to their certificate expiration date to guarantee renewal before it expires. Renewal applicants must submit an updated EEC application and fee.

- Complete all application questions.
- Enclose the nonrefundable renewal fee in the form of a check or money order made payable to NCICDP.<sup>3</sup> Check the one that applies:
  - \$25 enclosed for renewal. Please select the scale for your renewal:  ECE or  SA
  - \$35 enclosed for renewal on both the ECE and SA scales
- If you completed college coursework since you last applied, include documentation if you would like to have your level reassessed. **Those certified at levels 4 or 8 with less than 6 focus hours MUST submit a transcript showing they have achieved a higher level.** Check all that apply:
  - Updated official transcripts are enclosed.
  - Updated official transcripts are on file with the Child Care WAGES® Project or are already on file with EEC.
  - Internet Permission Form (IPF) is enclosed.<sup>1</sup>

Mail application packet to NCICDP, PO Box 959, Chapel Hill, NC 27514

<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. Download the IPF here: [http://ncicdp.org/documents/EEC\\_IPF.pdf](http://ncicdp.org/documents/EEC_IPF.pdf).

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

<sup>3</sup> Credit card payments are not accepted at this time.

**I. Applicant Information**

<b>Date of Application:</b>		<b>County of Residence:</b>		<b>Last Four Digits of Social Security Number (SSN):</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:</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 (optional):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Ethnicity (optional):</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**

**High School Information (required):**  
 High School Diploma  GED  Adult High School Diploma  Currently Enrolled  None

<b>Degrees Earned (check all that apply)</b>	<b>Major</b>	<b>Colleges Attended</b>	<b>Year Graduated</b>
<input type="checkbox"/> Coursework completed but no degree earned			NA
<input type="checkbox"/> AA/AAS			
<input type="checkbox"/> BA/BS			
<input type="checkbox"/> MA/MS			
<input type="checkbox"/> EdD/PhD			

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

**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 \_\_\_\_\_

**III. Employment Information - Please select one of the following that best describes your current employment.**

<input type="checkbox"/> DCDEE 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, but intend to work with children  
 High school student not employed in field, but intend to work with children  
 Currently work in another field, but intend to work with children  
 Unemployed, but intend to work with children

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>DCDEE Facility License Number:</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 or indirectly):</b> <input type="checkbox"/> Infants <input type="checkbox"/> Ones <input type="checkbox"/> Twos <input type="checkbox"/> Threes <input type="checkbox"/> Fours <input type="checkbox"/> Preschool Fives <input type="checkbox"/> Schoolage (K to 3 <sup>rd</sup> grade) <input type="checkbox"/> Schoolage (4 <sup>th</sup> grade and above)					
<b>Do you work in an NC PreK classroom?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Do you work in a Head Start classroom?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

**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. I consent that my employer may be notified if my certification is denied or rescinded because of my failure to comply with documentation requirements.

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 and Early Education as required or appropriate, including for such purposes as supporting my employment in licensed child care facilities.

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 or the failure to comply with documentation requirements may result in the inability to be certified or in the later loss of certification. If my certification is denied or rescinded due to my failure to comply with documentation requirements, I understand that my employer may be notified.

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

\_\_\_\_\_  
Date

Send your completed application and required documentation to:  
**NC Early Educator Certification, NCICDP**  
**PO Box 959, Chapel Hill, NC 27514**

