

## Early Educator Certification (EEC) Request Form

The EEC Request Form is required for all requests for reassessment or reprinting of a certificate/card. Please indicate your needs below and send this form, the applicable fee and supporting documents to:

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

Date: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Current certification level: \_\_\_\_\_ on the ECE Scale and/or \_\_\_\_\_ on the SA scale.

*REQUIRED: Complete the back of this form with updated contact and employment information.*

**Transcript Documentation Requirements:** Official transcripts or official grade reports are required to document the completion of coursework. Official transcripts are required to document a newly achieved degree. Students attending colleges that offer student access to transcripts online may be able to submit an Internet Permission Form (IPF) allowing EEC to access your account and download your transcript. Please see more details about the IPF at [http://ncicdp.org/documents/EEC\\_IPF.pdf](http://ncicdp.org/documents/EEC_IPF.pdf).

**Payment Requirements:** EEC accepts checks or money orders. Credit card payments are not accepted at this time. Make checks payable to: NC Institute for Child Development Professionals.

- Certificate Reprint- \$5 each:** I would like a duplicate certificate printed. I have enclosed \$5 for each reprint. # to reprint: \_\_\_\_\_  
Please print my certificate with the following name: \_\_\_\_\_
- Card Reprint- \$5 each:** I would like a duplicate card printed. I have enclosed \$5 for each reprint. # to reprint: \_\_\_\_\_  
Please print my card with the following name: \_\_\_\_\_
- Name Misprint- No Charge:** EEC did not print my name as indicated on my application. I have enclosed my original certificate and card and would like them reprinted correctly. I have indicated the correct name/spelling below. (EEC will only reprint for free if the EEC team made the error.) Correct Name: \_\_\_\_\_
- Assessment Appeal- No Charge:** I believe that EEC assessed my education at the wrong level. I understand that if EEC made an error based on the transcripts on file, a new certificate and card will be sent to me. My expiration date will not change unless my new level allows a longer validity period. If I was assessed accurately based on EEC policies, no changes will be made.
- Additional Certification Scale- \$25:** I have already received certification on one scale and would like EEC to assess my education against an additional scale. Please add the following assessment to my certificate:  ECE Scale (ages birth to five) or  SA Scale (ages five to twelve).

**Materials Required: Complete the EEC Update Form and include the \$25 nonrefundable fee. If additional transcripts should be reviewed, please include them as well.**

I understand that if I am at a higher level on the scale for my already existing certification, EEC will print my certificate and card at the higher level. My renewal date for my already existing certification will not change unless I have fully completed the professional development requirements for renewal.

- Out of Cycle Education Reassessment- No charge:** My certificate has not yet expired, but I have recently completed coursework that may move me to a higher level on the certification scale. I would like my education reassessed.  
**Materials Required: Attach an updated transcript, additional documentation for professional development if applicable (find details at [www.ncicdp.org](http://www.ncicdp.org)) and complete the EEC Update Form. No money is required prior to assessment.**

I understand that if I am at a higher level, EEC will notify me and give me the option to pay a fee in order to have my certificate and card reprinted. My renewal date will not change unless I have fully completed the professional development requirements for renewal. If I have not yet completed the required professional development, I will still have to apply for renewal before my current expiration date. I understand that if I am not at a higher level, EEC will inform me of what is necessary to advance. **The fee for a reprint including one scale is \$25. The fee for a reprint including both scales is \$35.**

*If you need to apply for renewal, please complete the EEC application and submit documentation of your professional development. If you are certified on both scales, you must meet the renewal requirements for both scales in order to renew on both. More information can be found on the EEC application as well as our website.*

For more information about Early Educator Certification, please visit our website at [www.ncicdp.org](http://www.ncicdp.org). All required forms can be accessed at our website or by calling 919-942-7442.

## Early Educator Certification (EEC) Update Form

Instructions: Please complete this form to update your records with the EEC office. Return forms to the address located below.

### I. Contact Information

<b>Date:</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>Mailing Address:</b>				<b>City:</b>	<b>State:</b>
<b>Home Phone:</b> ( ) ( )		<b>Cell Phone:</b> ( ) ( )		<b>Email Address:</b>	

### II. Employment Information

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

<b>Employer Name:</b>			<b>County of Employment:</b>		
<b>Employer Mailing Address:</b>				<b>City:</b>	<b>State:</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: _____ <div style="text-align: right;">(Please give full position title.)</div>					
<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"/> NC PreK <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					

I, \_\_\_\_\_ (name), attest that the information provided on this form and the supporting documentation is true to the best of my knowledge. I understand that falsifying any information or documentation may result in the inability to be certified or in the later loss of certification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NC Institute for Child Development Professionals | [www.ncicdp.org](http://www.ncicdp.org)  
 Early Educator Certification | PO Box 959 Chapel Hill, NC 27514  
[info@ncicdp.org](mailto:info@ncicdp.org) | Phone: 919-942-7442 | Fax: 919-442-1998