Early Educator Certification (EEC) Contact and Employment Update Form

Instructions: Please complete this form to update your records with the EEC office. Return forms to the address located below.
Please note: This form cannot be used as an application for initial certification or renewal. The application can be downloaded from the website a www.ncicdp.org.

I. Contact Information

Date:	**County of Residence:**	**Last Four Digits of Social Security Number:**	
First Name:	**Middle Name:**	**Last Name:**	**Maiden Name (if applicable):**
Mailing Address:		**City:**	**State:** **Zip:**
Home Phone: ( )	**Cell Phone:** ( )	**Email Address:**	

II. Employment Information

❏ DCDEE licensed child care facility
❏ unlicensed child care program
❏ K-3 classroom
❏ afterschool program
❏ child care resource and referral agency
❏ community college, college or university
❏ local or state partnership for children
❏ federal, state or government agency
❏ other employment: _____

❏ College student not employed in field, but intend to work with children ages: ❏ birth to five OR ❏ five to twelve
❏ High school student not employed in field, but intend to work with children ages: ❏ birth to five OR ❏ five to twelve
❏ Currently work in another field, but intend to work with children ages: ❏ birth to five OR ❏ five to twelve
❏ Unemployed, but intend to work with children ages: ❏ birth to five OR ❏ five to twelve

Employer Name:			**County of Employment:**
Employer Mailing Address:		**City:**	**State:** **Zip:**
Employer Phone: ( )	**Employer Fax:** ( )	**Employer Email Address:**	**Employment Start Date:** _____/_____/_____

Position Title:

❏ Assistant Director
❏ Assistant Teacher/Aide
❏ Assistant Group Leader
❏ Director/Administrator
❏ Education Coordinator
❏ Family Child Care Provider
❏ Floater
❏ Group Leader (Schoolage)
❏ Owner/Director
❏ Program Coordinator (Schoolage)
❏ Program Coordinator (Preschool)
❏ Teacher/Lead Teacher
❏ Agency Director
❏ Consultant
❏ Faculty Member
❏ Professional Development Coordinator/Provider
❏ Researcher
❏ Specialist: _____
❏ Technical Assistance Coordinator/Provider
❏ Other:_____
(Please give full position title.)

DCDEE Facility License Number: _____
❏ Check here if you do not work in a licensed child care facility

Ages of Children With Whom You Work (directly or indirectly):
❏ Infants ❏ Ones ❏ Twos ❏ Threes ❏ Fours ❏ Preschool Fives ❏ Schoolage (K to 3rd grade) ❏ Schoolage (4th grade and above)

Do you work in an NC PreK classroom? ❏ Yes ❏ No
Do you work in a Head Start classroom? ❏ Yes ❏ No

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
Early Educator Certification | PO Box 959 Chapel Hill, NC 27514
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