**4/2013**

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| NEW YORK STATE ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN  CHILDREN’S PROGRAM ADMINISTRATOR CREDENTIAL  APPLICATION FOR CANDIDACY | | | | | | | | | |
| General candidacy eligibility information and requirements. The purpose of the application for candidacy is to assess prospect's current status toward credential requirements. | | | | | | | | | |
| Name: | | | | | | | | | |
| Aspire ID: | | | | | | | | | |
| Address: | | | | | | | | | |
|  | | | | | | | | | |
| Phone (home): | | | | Fax: | | | | | |
| Phone (work): | | | | | | | | | |
| Email address: | | | Current Position: | | | | | | |
| Work name and address: | | | | | | | | | |
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| PLEASE ENCLOSE WITH APPLICATION: | | | | | | | | | |
| * RESUME * FEE ($100 non-refundable application fee which is applied toward $300 credential fee) * COPIES OF TRANSCRIPTS (All transcripts sent must be verified through Aspire Application) | | | | | | | | | |
| DEGREES AWARDED | | COLLEGE | | | | | DATE | | CREDITS |
|  | |  | | | | |  | |  |
| Associates | |  | | | | |  | |  |
| Bachelors | |  | | | | |  | |  |
| Masters | |  | | | | |  | |  |
| *List below any courses you have completed towards the 18 college credits in education needed for the credential.*  EDUCATION COURSEWORK INCLUDING CHILD DEVELOPMENT OR RELATED COURSES | | | | | | | | | |
| COURSE TITLE | COLLEGE | | | | DATE | CREDITS | | CBK AREA | |
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| ***List below any courses you have completed towards the 18 college credits in program administration needed for the credential*.**  PROGRAM ADMINISTRATOR COURSEWORK ( Include college coursework that addresses competency areas) | | | | |
| COURSE TITLE | COLLEGE | DATE | CREDITS | CPAC TOPIC # |
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| All of the information enclosed with this application is true to the best of my knowledge. I understand that this application will obligate NYSAEYC to maintain my file, assess my coursework and respond regarding to what is needed to complete the credentialing process. This application will be active for three years from the date of acceptance. | | | | |
| Signature: | | | | |
| Printed name: | | | | |
| Date: | | | | |
|  | | | | |

**MAIL APPLICATION, RESUME AND $100 APPLICATION ASSESSMENT FEE TO:**

**NEW YORK STATE ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (NYSAEYC)**

**230 WASHINGTON AVENUE EXTENSION**

**ALBANY, NEW YORK 12203**

QUESTIONS OR CONCERNS SHOULD BE DIRECTED TO

NYSAEYC

Credential Coordinator

(518) 867-3517

credentials@nysaeyc.org