09/2014

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| NEW YORK STATE ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDRENFamily Child Care 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: |
|  |
| PLEASE ENCLOSE WITH APPLICATION: |
| * RESUME
* FEE ($50 non-refundable application fee which is applied toward $350 credential fee)

(STUDENT COPY OF TRANSCRIPTS OF COURSES COMPLETED THUS FAR MUST BE SENT TO NYSAEYC)*Twelve Credits of college coursework OR 9 college credits and 45 hours of applicable training that matches the Credential Topics and Competency Areas. Three of the twelve credits or the 45 hours of applicable training must have been completed within the last 5 years.*  |
| COLLEGES ATTENDED AND/OR 45 HOURS OF COMMUNITY- BASED TRAINING COMPLETED WITHIN THE LAST 5 YEARS | CREDITS EARNED/ COMMUNITY-BASED TRAINING HOURS COMPLETED | DATE |
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| (Official transcripts must be requested & sent directly to NYSAEYC when all coursework is completed for the credential. Copies of training certificates must be submitted when 45 hrs. of community-based training is substituted for 3 college credits.)*List below your experiences that may apply towards your candidacy.**Two years of experience as a NYS regulated Family or Group Family Day Care Provider* *or**Two years of experience as an employee of a NYS regulated Family or Group Family Day Care Program* Please use each section to describe ONE experience. Use additional sections if your two-years of experience was performed in several facilities.  |
|  1) PROGRAM NAME AND ADDRESS | CONTACT PERSON | DATES OF EXPERIENCE AND # OF HOURS PER WEEK |
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Please describe your experience, including the age of the children, usual number in group, your title, responsibilities, and an estimate of the total hours you were in contact with children during this time period.

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ATTESTATION: Work described here is presented accurately:

Supervisor Signature (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 2) PROGRAM NAME AND ADDRESS | CONTACT PERSON | DATES OF EXPERIENCE AND # OF HOURS PER WEEK |
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Please describe your experience, including the age of the children, usual number in group, your title, responsibilities, and an estimate of the total hours you were in contact with children during this time period.

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ATTESTATION: Work described here is presented accurately:

Supervisor Signature (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 one year from the date of acceptance.*  |
| Signature: |
| Printed name: |
| Date:  |
|  |

**MAIL APPLICATION, RESUME AND $50 APPLICATION 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

 (518) 867-3517

credentials@nysaeyc.org