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| NEW YORK STATE ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN  INFANT TODDLER CARE AND EDUCATION 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: | | | | | | | |
| Address: | | | | | | | |
|  | | | | | | | |
| Phone (home): | | | | Fax: | | | |
| Phone (work): | | | | | | | |
| Email address: | | | Current Position: | | | | |
| Work name and address: | | | | | | | |
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| 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) | | | | | | | |
| COLLEGES ATTENDED | | CREDITS EARNED | | | | DATE | DEGREE AWARDED |
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| (OFFICIAL TRANSCRIPTS MUST BE REQUESTED & SENT DIRECTLY TO NYSAEYC WHEN ALL COURSEWORK IS COMPLETED FOR THE CREDENTIAL)  *List below your experiences that may apply towards your candidacy.*  Please use each section to describe ONE experience. Use additional sections if your one-year 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
| 3) PROGRAM NAME AND ADDRESS | CONTACT PERSON | DATES OF EXPERIENCE AND # OF HOURS PER WEEK |
|  |  |  |

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*List each course you have taken with the competency it corresponds to. Coursework need not be configured exactly to the competency below, as the topics may be addressed in a variety of courses, but it must specifically present the knowledge and skills that prepare one to work with infants and toddlers.*

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| Write in the college and course number, attaching a syllabus, on which you have indicated course topics that refer to each of the competencies below. When submitting the portfolio, you must also request the college to submit official transcripts of these courses to NYSAEYC. (At least 3 credits must be within the last five years). | | | |
| I/T CREDENTIAL COMPETENCY | COLLEGE, COURSE #, AND # CREDITS | NAME OF COURSE | DATE TAKEN |
| Topic I. INFANT AND TODDLER DEVELOPMENT: Competency I.A: Theories and Current Research |  |  |  |
| Competency I.B: Social, Emotional,  Creative Development |  |  |  |
| Competency I.C: Physical, Cognitive,  Language, and Literacy Development |  |  |  |
| Topic II. FAMILY AND CULTURE  Competency II.A: Family Relationships |  |  |  |
| Competency II.B:  Attachment and Separation |  |  |  |
| Topic III. ENVIRONMENT AND CURRICULUM: Competency III.A: Health and Safety |  |  |  |
| Competency III.B:  Environment |  |  |  |
| Competency III.C:  Curriculum |  |  |  |
| Topic IV: ASSESSMENT AND EVALUATION: Competency IV.A: Record Keeping and Recording |  |  |  |
| Competency IV.B:  Program Management |  |  |  |
| Competency IV.C:  Professionalism |  |  |  |
| 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 $50 APPLICATION FEE TO:**

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

**230 Washington Avenue Extension**

**ALBANY, NEW YORK 12203**

**Call NYSAEYC at 518-867-3517 with questions or credentials@nysaeyc.org**