

## 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: \_\_\_\_\_

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

- 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.
- Out of Cycle Update or Reprint- \$10.** Please select the items below that you would like EEC staff to review. The \$10 fee will cover all items selected. **Materials Required: Complete the EEC Update Form on the opposite side and include the \$10 nonrefundable fee. If additional transcripts should be reviewed, please include them as well.**

- Reprint:** I lost my certificate/card or would like a duplicates printed. I would like my name printed as follows (if blank, only first and last name will be printed on certificate): \_\_\_\_\_
- Additional Scale:** I have already received certification on one scale and would like EEC to assess my education against an additional scale. 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. **REQUIRED: Current certificate must be six months or greater from expiration.** Please choose one of the following:
  - I would like both scales to have the same expiration date.
  - I would like my added scale to have a full renewal cycle of three or five years. I understand that each scale will have a unique expiration date, but I can choose to renew both at the same.
- Update level:** 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. I understand that if I am at a higher level, my certificate and card will be updated to reflect the new level and my certificate expiration date will not change. If I am not at a higher level, I understand that my fee will not be reimbursed.
- Endorsement update:** Select from the following:
  - Professional Development Endorsement (PDE):** I have completed my adult learning course and want this reflected on my certificate. I have enclosed documentation of my adult learning.
  - Administrator Endorsement- level:** I have increased my education and EEC level and believe I qualify at a higher endorsement level.
  - Administrator Endorsement- experience:** I believe I have reached a higher endorsement level due to my continued experience in an administrative role. I have indicated my child care administration experience below. (Experience must be in a child care center and include responsibilities such as hiring, staff evaluation, classroom evaluation, planning, oversight of rules and regulations and financial management. Experience in a small family child care home cannot count toward this requirement. A minimum of one year and up to five years of experience should be documented to ensure you are endorsed at the highest level possible.)

Dates of Employment	Child Care Center Name	Position Title

**Transcript Documentation Requirements:** Official transcripts or official grade reports are required to document the completion of coursework. 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.

*To renew your Early Educator Certification, please complete the EEC application.*

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) 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](http://www.ncicdp.org).

## 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>Zip:</b>
<b>Home Phone:</b> ( ) ( )		<b>Cell Phone:</b> ( ) ( )		<b>Personal Email Address:</b>	

## II. Employment Information

<input type="checkbox"/> DCDEE 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, but intend to work with children ages <input type="checkbox"/> High school student not employed in field, but intend to work with children ages <input type="checkbox"/> Currently work in another field, but intend to work with children ages <input type="checkbox"/> Unemployed, but intend to work with children ages	

<b>Employer Name:</b>			<b>County of Employment:</b>		
<b>Employer Mailing Address:</b>			<b>City:</b>	<b>State:</b>	<b>Zip:</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"/> Floater <input type="checkbox"/> Agency Director <input type="checkbox"/> Assistant Teacher/Aide <input type="checkbox"/> Group Leader (Schoolage) <input type="checkbox"/> Consultant <input type="checkbox"/> Assistant Group Leader <input type="checkbox"/> Owner/Director <input type="checkbox"/> Faculty Member <input type="checkbox"/> Director/Administrator <input type="checkbox"/> Program Coordinator (Schoolage) <input type="checkbox"/> Professional Development Coordinator/Provider <input type="checkbox"/> Education Coordinator <input type="checkbox"/> Program Coordinator (Preschool) <input type="checkbox"/> Researcher <input type="checkbox"/> Family Child Care Provider <input type="checkbox"/> Teacher/Lead Teacher <input type="checkbox"/> Specialist: _____ <input type="checkbox"/> Technical Assistance Coordinator/Provider <input type="checkbox"/> Other: _____ (Please give full position title.)					
<b>DCDEE Facility License Number:</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 or indirectly):</b> <input type="checkbox"/> Infants <input type="checkbox"/> Ones <input type="checkbox"/> Twos <input type="checkbox"/> Threes <input type="checkbox"/> Fours <input type="checkbox"/> Preschool Fives <input type="checkbox"/> Schoolage (K to 3 <sup>rd</sup> grade) <input type="checkbox"/> Schoolage (4 <sup>th</sup> grade and above)					
<b>Do you work in an NC PreK classroom?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Do you work in a Head Start classroom?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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](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