

**NEW YORK STATE ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN
 Infant Toddler Care & 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: _____

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

(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

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.

ATTESTATION: Work described here is presented accurately:

Supervisor Signature _____

Print Name: _____

Address: _____

Date: _____

2) 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.

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.

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.

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 email

nysaeyc@capital.net