

01/12/03

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

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 FEE TO:

**NEW YORK STATE ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (NYSAEYC)
230 Washington Avenue Extension
ALBANY, NEW YORK 12203-5390**

QUESTIONS OR CONCERNS SHOULD BE DIRECTED TO

NYSAEYC

(518) 867-3517

(800)-246-2392

nysaeyc@capital.net