

RESOURCE PAGE FOR STAFF CREDENTIAL APPLICATION

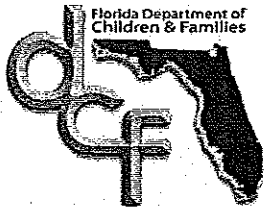
Do not send this page in with your application.

Retain for your records.

1. Complete page 2 by selecting the appropriate category, utilizing this page as a resource, and sign and date. Complete page 3 only if applicable.
2. Submit page 2 and page 3 (if applicable) along with all required documentation to the department at the address on the bottom of page 2. Allow 1-2 weeks for processing.

Training Requirements & Exemption web site – www.myflorida.com/childcare and select "Training Requirements"

#	Staff Credential Description	Required Documentation
1	Active National Early Childhood Credential: National Child Development Associate (CDA) or other early childhood credential that meets or exceeds the requirements of the National CDA and is recognized by regulatory agencies in at least five (5) states. Please visit our website for a listing.	<ul style="list-style-type: none"> • Copy of your active National Early Childhood Credential.
2 a	Formal Educational Qualifications: B.A., B.S., or advanced degree in <u>ONE</u> of the following areas: Early Childhood Education/Child Development, Pre-Kindergarten or Primary Education, Preschool Education, Family and Consumer Sciences (<i>formerly Home Economics/Child Development</i>), Exceptional Student Education, Special Education, Mental Disabilities, Specific Learning Disabilities, Physically Impaired, Varying Exceptionalities, Emotional Disabilities, Visually Impaired, Hearing Impaired, Speech-Language Pathology or Elementary Education with certification to teach any age birth through 6th grade (certification may be inactive provided the certificate is not suspended/revoked). <i>Additional degrees approved by the Florida Department of Education's State Board of Education will be accepted.</i>	<ul style="list-style-type: none"> • Copy of college transcript stating degree awarded. • Teaching certificate (if applicable).
2 b	Formal Educational Qualifications: A.S., A.A. degree or higher in Early Childhood Education/Child Development	<ul style="list-style-type: none"> • Copy of college transcript stating degree awarded.
2 c	Formal Educational Qualifications: Associate's degree or higher WITH at least six (6) college credit hours in early childhood education/child development AND at least 480 hours experience in a child care setting serving children ages birth through eight (8).	<ul style="list-style-type: none"> • Copy of college transcript stating degree awarded and outlining classes in early childhood education/child development. • Completed "Documentation of Experience Form" on page 3 of this application. Use a separate form for each employer.
3 a	Active Birth Through Five Florida Child Care Professional Credential (FCCPC): Completion of an approved Birth Through Five FCCPC Training Program listed on our website. (<i>Formerly Child Development Associate Equivalency - CDAE</i>)	<ul style="list-style-type: none"> • Copy of CDAE certificate or FCCPC Training provider must submit proof of student completion to the Child Care Program Office Credential Unit.
3 b	Active Florida Department of Education (DOE) Florida Department of Education Early Childhood Professional Certificate (ECPC) or a Florida Department of Education Child Care Apprenticeship Certificate (CCAC): Please visit our website for a list of DOE approved programs.	<ul style="list-style-type: none"> • Copy of your active Florida DOE Early Childhood Professional Certificate or Child Care Apprenticeship Certificate.
4 a	Active School-Age Florida Child Care Professional Credential (FCCPC): Completion of an approved School-Age Florida CCPC training program listed on our website. (<i>Formerly Florida School-Age Certificate</i>) <u><i>This credential will not be accepted to meet the Voluntary Pre-Kindergarten (VPK) requirements.</i></u>	<ul style="list-style-type: none"> • Copy of School-Age certificate or FCCPC Training Program must submit proof of student completion to the Child Care Program Office Credential Unit.
4 b	Active Florida Department of Education (DOE) School Age Professional Certificate (SAPC): Please visit our website for a list of DOE approved programs. <u><i>This credential will not be accepted to meet the Voluntary Pre-Kindergarten (VPK) requirements.</i></u>	<ul style="list-style-type: none"> • Copy of your active Florida Department of Education School Age Professional Certificate



STAFF CREDENTIAL APPLICATION

(Also used for Training Exemptions)

For Official Use Only

Application:
Date processed: _____
Processed by: _____

Certificate:
Issued by: _____

This application is to be completed by child care personnel seeking verification of educational credentials for the purpose of meeting the staff credential requirement and issuing training exemptions. Please read all 3 pages carefully before completing.

CANDIDATE INFORMATION (Please Print):			
Social Security Number *	Date of Birth	Home Telephone	
Last Name	First Name	MI	Maiden Name (if applicable)
Home Street Address		County	
City	State	Zip Code	Email Address
<small>* Pursuant to 65C-22.003, Florida Administrative Code, the department is requesting your social security number, but you are not required to provide your social security number under the law. However, providing your social security number will assist the department in processing your application quickly and determining your eligibility faster and more accurately. Social security numbers are used by the department for identity verification only.</small>			

Select **ONE (1)** category below for which you are applying and attach the required documentation to the application. See instructions for required documentation on page 1. Documentation submitted with application **WILL NOT** be returned.

- 1. **Active National Early Childhood Credential** - Please visit our website for a listing
- 2. **Formal Educational Qualifications:**
 - a. B.A., B.S., or advanced degree in **ONE** of the specialized areas listed on page 1.
 - b. A.S. or A.A. degree in Early Childhood Education/Child Development
 - c. Associate's degree or higher in an unrelated field **WITH** at least six (6) college credit hours in early childhood education/child development **AND** at least 480 hours experience in a child care setting serving children ages birth through eight (8).
- 3. **Active Birth through Five Child Care Credential** - Formerly the Florida Child Development Associate Equivalency Credential (CDAE)
 - a. Active Birth Through Five Florida Child Care Professional Credential (FCCPC)
 - b. Active Florida Department of Education Early Childhood Professional Certificate (ECPC) or a Florida Department of Education Child Care Apprenticeship Certificate (CCAC)

For all categories above, documentation submitted will be evaluated and awarded appropriate training exemptions.

- 4. **Active School-Age Child Care Credential** - Formerly the Florida School-Age Certification
 - a. Active School-Age Florida Child Care Professional Credential (FCCPC)
 - b. Active Florida Department of Education School Age Professional Certificate (SAPC)

ATTESTATION

I hereby attest that all information pertaining to this application is true, correct and complete. I understand if any of the information provided is found to be false, the verification will be rescinded.

Signature of Applicant

Date of Application

Submit application and ALL required documentation to:

Florida Department of Children and Families
Child Care Program Office - Credential Unit, Staff Credential
1317 Winewood Blvd., Bldg. 6, Room 389A, Tallahassee, Florida 32399-0700

If you have questions regarding the Staff Credential Application, Training Exemptions or other Child Care Training issues, please visit <http://www.myflorida.com/childcare> and select "Training Requirements" or call 1-888-352-2842.



Documentation of Experience Form

Complete **ONLY** if applying for option 2c on page 2 of the application.

Use as many copies of this form as necessary.

Use this form to document your experience in a child care setting serving children ages birth through eight (8) to complement the Staff Credential Application (CF-FSP 5211). Use a separate form for each employer.

If you are unable to have your employer complete this form with notarization, you may submit a copy of your W-2 records, licensing records, or income tax return form to verify required information.

Name of Employee: _____

Name of Employer: _____

Supervisor's Name: _____

Job Title: _____

From: _____ / _____ / _____

To: _____ / _____ / _____

Total Hours: _____

Duties and Responsibilities: _____

Attestation:

I hereby attest that all information pertaining to this documentation of experience is true, correct, and complete. I understand if any of the information provided is found to be false, the verification will be rescinded.

Signature of Facility Owner or Operator