



INFANT/ TODDLER CREDENTIAL ELIGIBILITY APPLICATION

The Infant/ Toddler Credential is the recognition awarded to early childhood educators who have demonstrated high quality work and growth through Credential module participation, discussion posts, research- based learning, and portfolio development.

Name _____
Last First Middle
Social Security Number ____-____-____ Date of Birth ____-____-____

Personal Information

E-mail _____ Home Address _____
City _____ State _____ Zip _____ Home County _____
Home Phone (____) _____ Mobile Phone (____) _____

Workplace Information

Your Current Place of Employment _____
Work Address _____
City _____ State _____ Zip _____
County of Employment _____ Work Phone (____) _____ Work Fax (____) _____

Current Position Title:

- Asst. Director Asst. Director/Teacher Caregiver/Teacher Director
 Director/Teacher Owner of Program Sub/Floater Teacher Aide
 Volunteer Other _____

How many years have you been in this position at this program? _____

How many years total have you worked in the Early Childhood field? _____

Salary: Please note: this question is for research purposes ONLY. Individual responses will not be identified or published.

\$ _____ per Hour Day Week Bi-weekly Month Year

Hours worked per week _____

Agency Type: Center Dept. of Education Home Visitor Family
 Group Home High School Higher Education Registered Authorized

Number of children in your classroom _____

Please check the professional organization(s) to which you belong:

- | | |
|---|---|
| <input type="checkbox"/> National Head Start Association | <input type="checkbox"/> National Association for the Education of Young Children |
| <input type="checkbox"/> National Black Child Development Institute | <input type="checkbox"/> National Family Child Care Association |
| <input type="checkbox"/> National Child Care Association | <input type="checkbox"/> Tennessee Association for Children's Early Education |
| <input type="checkbox"/> Tennessee Family Child Care Alliance | <input type="checkbox"/> Tennessee School-Age Care Alliance |

Please indicate your highest level of educational attainment.

____ Child Development Associate Credential (CDA)
____ Technical Certificate
____ Associate's Degree: Major _____ Graduation Date ____/____/____
____ Bachelor's Degree: Major _____ Graduation Date ____/____/____
____ Graduate Degree: Major _____ Graduation Date ____/____/____

Which Infant/ Toddler related Higher Ed. Academic Courses have you taken?

ECED 2320 _____ ECED 2330 _____ Other (list Course number and name) _____

Which TECTA Orientation(s) have you completed? Please check all that apply.

____ Administrator ____ Family Child Care ____ Center-Based ____ Infant/Toddler ____ School-Age

Please explain how the Infant/ Toddler Credential will benefit both you and your program?

Complete this section if you have not previously received TECTA support or services.

Please note: These questions are for research purposes ONLY. Individual responses will not be identified or published.

Citizenship: United States Other

Ethnicity: Hispanic Non-Hispanic

Race: Asian/Pacific Islander Black/African American Native American Indian/Alaska Native
 Other Two or more races White/Caucasian

Gender: Male Female

Parents' Educational Level:

Mother

- | | | |
|--|--|---|
| <input type="checkbox"/> Less than 9th grade | <input type="checkbox"/> 9th – 12th grade (no diploma) | <input type="checkbox"/> High School Graduate/GED |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Technical Certificate | <input type="checkbox"/> Associate of Applied Science |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Bachelor's/Baccalaureate Degree | <input type="checkbox"/> Master's/Doctorate Degree |

Father

- | | | |
|--|--|---|
| <input type="checkbox"/> Less than 9th grade | <input type="checkbox"/> 9th – 12th grade (no diploma) | <input type="checkbox"/> High School Graduate/GED |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Technical Certificate | <input type="checkbox"/> Associate of Applied Science |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Bachelor's/Baccalaureate Degree | <input type="checkbox"/> Master's/Doctorate Degree |

Have you completed other early childhood training during the last 12 months? Yes No

If so, did your employer require the training? Yes No

Signature of Applicant _____ Date _____

Note to Applicant: Please submit this Eligibility Application to mietzner@etsu.edu.

The Infant Toddler Credential is administered in partnership by Tennessee Early Childhood Training Alliance. This project is funded through a contract with the Tennessee Department of Human Services and Tennessee State University Center of Excellence in Learning Sciences.

