

Maryland Child Care Credential First Application Cover Sheet

Applicant Name: _____ **CCATS ID** _____

Before mailing your application, check to make sure you have included all required information and copied everything for your records. Please organize documentation for each area together and label/highlight material to aid in application processing.

Item	Attached ✓
Application	
<ul style="list-style-type: none"> • Completed, signed and dated application form • Completed Essay (Typed or Handwritten) 	
Experience	
Current Experience: <ul style="list-style-type: none"> • FAMILY CHILD CARE- Copy of registration AND copy of at least one child attendance sheet from past 12 months. • CENTER- letter of employment on letterhead with start date and end date if applicable (tax forms, pay stubs, etc. with date of hire/end date of service clearly indicated may be acceptable) 	
Previous experience: <ul style="list-style-type: none"> • Letters of employment on center letterhead or previous family child care registration. 	
Training Documentation	
Copies of training certificates (Only training completed within the past 5 years)	
College Transcripts, CDA, DOD Military Training (no expiration)	
Professional Activity Units	
(Check activities completed during the past 12 months – from date of application - ONLY)	
Units	Check all that apply and attach appropriate documentation for each
1	<input type="checkbox"/> Association Membership <input type="checkbox"/> Informal mentor/advisor <input type="checkbox"/> Association Committee Member <input type="checkbox"/> Program Accreditation <input type="checkbox"/> Conference Committee Member <input type="checkbox"/> Current Teaching Certificate <input type="checkbox"/> Community Child Care Event <input type="checkbox"/> CCRRC Volunteer (6 clock hrs) <input type="checkbox"/> Responsible for CACFP <input type="checkbox"/> 10 years of experience <input type="checkbox"/> Presenter of in-service Training <input type="checkbox"/> Local Child Care Conference* <input type="checkbox"/> EXCELS and Accreditation Peer Support Group <input type="checkbox"/> Child Care Center Event*
2	<input type="checkbox"/> Association Board Member <input type="checkbox"/> Judy Center Partner <input type="checkbox"/> Member of Task Force/Advisory Group <input type="checkbox"/> National Accreditation (Director/Family provider only) <input type="checkbox"/> Newsletter Contributed <input type="checkbox"/> 20 years of experience <input type="checkbox"/> CCRRC Volunteer (12 hrs) <input type="checkbox"/> Statewide Child Care Conference Attendance* <input type="checkbox"/> College Coursework <input type="checkbox"/> Director Consortium
3	<input type="checkbox"/> Presenter Child Care Conference <input type="checkbox"/> Accreditation Observer <input type="checkbox"/> Approved instructor/trainer <input type="checkbox"/> National Child Care Conference Attendance* <input type="checkbox"/> Editor local, state, national newsletter <input type="checkbox"/> Approved Rating Scale Assessor <input type="checkbox"/> Developer of Training <input type="checkbox"/> Student Teacher Supervisor <input type="checkbox"/> CDA Advisor <input type="checkbox"/> 30 years of experience
Other:	
(# of units)	
TBD by Office)	

- **Do not** send original transcripts, diplomas, certificates, licenses, etc.
- **Do** send clear legible copies of all documentation.
- **Do** keep a copy of all items sent.

Mail application and all supporting documentation to:

**Child Care Central
P O Box 598
Baltimore, MD 21203**

_____ Check if applicant is applying for CCCPDF or other program dependent on Maryland credential status. *Counts only once during an application cycle.