

Maryland Child Care Credential Renewal Cover Sheet

Applicant's Name: _____ CCATS ID #: _____

Current Credentialing Level: _____ Current Credentialing Year: _____

| Required Documentation: | | | Attached ✓ |
|---|--|---|---------------------|
| 1. | Application - Completed, signed and dated | | |
| 2. | Experience - Employment Verification consisting of for Center Staff - Letter from employer on center letterhead, for Family Child Care Provider - Sign-in sheet from previous 12-months | | |
| 3. | Education – Training (List classes taken during the Current Credentialing Year ONLY) | | |
| | Title | Date | Hours |
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| | | | |
| | Total → | | |
| 4. | Professional Activity Units (Check activities completed during the Current Credentialing Year ONLY) | | |
| | Units | Check all that apply and attach appropriate documentation for each | Enter Totals |
| 1 | <input type="checkbox"/> Association Membership* <input type="checkbox"/> Association Committee Member <input type="checkbox"/> Conference Committee Member <input type="checkbox"/> Community Child Care Event <input type="checkbox"/> Responsible for CACFP <input type="checkbox"/> Presenter in-service Training | <input type="checkbox"/> Informal mentor/advisor <input type="checkbox"/> Program Accreditation <input type="checkbox"/> Current Teaching Certificate <input type="checkbox"/> CCRRC Volunteer (6 clock hrs) <input type="checkbox"/> 10 years of experience <input type="checkbox"/> Center Event * | |
| 2 | <input type="checkbox"/> Association Board Member <input type="checkbox"/> Member of Task Force <input type="checkbox"/> Newsletter Contributor <input type="checkbox"/> CCRRC Volunteer (12 hrs) <input type="checkbox"/> College Coursework | <input type="checkbox"/> Judy Center Partner <input type="checkbox"/> National Accreditation (Director/Family provider only) <input type="checkbox"/> 20 years of experience <input type="checkbox"/> Statewide Conference* | |
| 3 | <input type="checkbox"/> Presenter Child Care Conference <input type="checkbox"/> Approved instructor/trainer <input type="checkbox"/> Editor local, state, national newsletter <input type="checkbox"/> Developer of Training <input type="checkbox"/> CDA Advisor | <input type="checkbox"/> Accreditation Observer <input type="checkbox"/> Approved mentor <input type="checkbox"/> Approved Rating Scale Assessor <input type="checkbox"/> Student Teacher Supervisor <input type="checkbox"/> 30 years of experience <input type="checkbox"/> National Conference* | |
| Other: (# of units TBD by Office) | | | |
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| | | Total → | |

- 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 programs dependent on Maryland Credential status. * Counts only once during an application cycle