

# Maryland Child Care Credential Renewal Cover Sheet

Applicant's Name: \_\_\_\_\_ CCATS ID #: \_\_\_\_\_

Current Credentialing Level: \_\_\_\_\_ Current Credentialing Year: \_\_\_\_\_

Required Documentation:			Attached ✓
<b>1.</b>	<b>Application - Completed, signed and dated</b>		
<b>2.</b>	<b>Experience</b> - 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		
<b>3.</b>	<b>Education – Training</b> (List classes taken during the Current Credentialing Year ONLY)		
	<b>Title</b>	<b>Date</b>	<b>Hours</b>
	<b>Total →</b>		
<b>4.</b>	<b>Professional Activity Units</b> (Check activities completed during the Current Credentialing Year ONLY)		
	<b>Units</b>	<b>Check all that apply and attach appropriate documentation for each</b>	<b>Enter Totals</b>
<b>1</b>	<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 *	
<b>2</b>	<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*	
<b>3</b>	<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*	
<b>Other:</b> (# of units TBD by Office)			
		<b>Total →</b>	

- 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