

# 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 ✓
<b>Application</b>	
<ul style="list-style-type: none"> <li>• Completed, signed and dated application form</li> <li>• Completed Essay (Typed or Handwritten)</li> </ul>	
<b>Experience</b>	
<b>Current Experience:</b> <ul style="list-style-type: none"> <li>• FAMILY CHILD CARE- Copy of registration AND copy of at least one child attendance sheet from past 12 months.</li> <li>• 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)</li> </ul>	
<b>Previous experience:</b> <ul style="list-style-type: none"> <li>• Letters of employment on center letterhead or previous family child care registration.</li> </ul>	
<b>Training Documentation</b>	
Copies of training certificates (Only training completed within the past 5 years)	
College Transcripts, CDA, DOD Military Training (no expiration)	
<b>Professional Activity Units</b>	
(Check activities completed during the past 12 months – from date of application - ONLY)	
<b>Units</b>	<b>Check all that apply and attach appropriate documentation for each</b>
<b>1</b>	<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*
<b>2</b>	<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
<b>3</b>	<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
<b>Other:</b>	
(# 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.

**Please note: This is not the Maryland Child Care Credential program application.**