

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
	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)			
		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

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