



DEPARTMENT OF EARLY EDUCATION AND CARE

PROFESSIONAL CERTIFICATION APPLICATION PACKET FOR APPLICANTS WORKING IN MA EARLY EDUCATION AND CARE PROGRAMS

CONTACT EEC AT
(617)988-6600
ASK FOR THE
PROFESSIONAL QUALIFICATION UNIT OR EMAIL
EEC AT
EECPROFDEV@MASSMAIL.STATE.MA.US

PROFESSIONAL CERTIFICATION APPLICATION PACKET FOR APPLICANTS WORKING IN MA EARLY EDUCATION AND CARE PROGRAMS

INTRODUCTION

This application packet includes information to help applicants complete an application correctly. Please carefully review the Professional Qualifications Certification Requirements and Frequently Asked Questions document prior to completing this application.

Note: Applicants who currently live outside of Massachusetts and do not work within the Massachusetts licensed programs, must complete the *Out of State and International Application*. Applicants with International coursework must complete the *Out of State and International Application*.

WHAT IS EEC CERTIFICATION?

To work in a large center-based group child care program as a Teacher, Lead Teacher or Director, an educator must be certified by EEC. There are six positions:

Infant-Toddler Teacher

Infant Toddler Lead Teacher

Director I

Preschool Teacher

Preschool Lead Teacher

Director II

Please see EEC regulation 606 CMR 7.09(18) Additional Requirements for large Group and School Age Child Care Programs Serving Children Younger Than School Age. For additional information, please visit <http://www.mass.gov/edu/birth-grade-12/early-education-and-care/licensing/licensing-resources-for-group-and-school-age-child-care-programs/licensing-regulations-for-group-and-school-age-child-care.html>

WHO CAN APPLY?

Applications will only be processed for educators **working in** or **seeking a job** in an early education and care program in Massachusetts.

Please Note:

- Applicants who currently live outside of Massachusetts and do not work within the Massachusetts licensed programs, must complete the *Out of State and International Application*.
- Applicants with International coursework must complete the *Out of State and International Application*.

HOW TO APPLY FOR EDUCATOR QUALIFICATION CERTIFICATION

1. Applicants must complete this EEC Educator Qualification Certification application (see pages 4 & 5),
2. Submit completed application with the required supporting documentation, which may include any (or all) of the following:
 - a. **Official college transcript.** *Copies cannot be accepted.*
 - b. Copy of High School Diploma or G.E.D. if applying for teacher position OR if applicant is under 21 years of age.
 - c. Copy of degree if not on official transcript.
 - d. Work Verification Form(s) verifying work experience(s) by a supervising EEC Lead Teacher or Director. ***Applicants cannot verify their own experience or alter the signed forms.***
 - e. Copy of License if you hold a PreK- Grade 3 Licensure from the Department of Elementary and Secondary Education (DESE). .
 - f. Original Child Development Associate (CDA), Montessori Certificate, or Early Intervention Specialist Certificate (DPH). *Copies cannot be accepted; original will be returned to you once verified.*
 - g. Original copies of course certificates that indicate that the training is approved for CEUs. *Copies cannot be accepted; original will be returned to you once verified. (PDPs or workshop attendance verification are not substitutes for CEUs and cannot be accepted).*

Mail Application to EEC:

**Department of Early Education and Care
Professional Qualifications Unit
51 Sleeper St. 4th Floor
Boston, MA 02210**

Applicants that are missing documentation or do not meet any of the EEC qualification criteria will be returned with a notice of explanation and follow-up.

Note: Obtaining a Professional Qualification Registry (PQR) number (which is required by regulation) **DOES NOT** certify applicants. EEC certification can only be obtained through the process defined in this application packet.

For Questions, contact EEC at:

Phone: (617)988-6600 (ask for the Professional Qualification Unit)

Email: eecprofdev@massmail.state.ma.us

APPLICATION FOR PROFESSIONAL QUALIFICATION CERTIFICATION

Please complete this entire application and attach all supporting documentation. Incomplete applications or those missing necessary documentation will be returned to you for resubmission with requested materials.

CHECK ONE

☐ This is my first application to EEC

☐ Upgrade application for Certificate # _____ for _____

Name: _____

First Name

Middle Name

Last Name

Maiden Name (if applicable): _____ Date of Birth: __/__/__

(DOB required)

Last four digits of your Social Security #: XXX-XX-____ Email: _____

(Last four digits of SSI# required)

Home Address: _____

Street

Apt. #

City/Town

State

Zip Code

Home Phone: (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Mailing Address (if different from home address) _____

Street

Apt. #

City/Town

State

Zip Code

PLEASE ENCLOSE THE FOLLOWING REQUIRED DOCUMENTS:

- ☐ Application Form (signed and dated) **(required)**
- ☐ Official college transcript. *Copies cannot be accepted. (Required)*
- ☐ Copy of High School Diploma or G.E.D. if applying for teacher position OR if applicant is under 21 years of age. **(If applicable)**
- ☐ Copy of degree if it is not on transcript. **(If applicable)**
- ☐ Work Verification Form(s) verifying related work experience(s) by a supervising EEC Lead Teacher or Director. ***Applicants cannot verify their own experience or alter the signed forms.***
- ☐ Enclose of copy of your License from the Department of Elementary and Secondary Education (DESE). See section for a list of acceptable licenses. **(If applicable)**
- ☐ Original Child Development Associate (CDA), Montessori Certificate, or Early Intervention Specialist Certificate (DPH). *Copies cannot be accepted; original will be returned to you once verified. (If applicable)*
- ☐ Original copies of course certificates that indicate that the training is approved for CEUs. *Copies cannot be accepted; original will be returned to you once verified. (PDPs or workshop attendance verification are not substitutes for CEUs and cannot be accepted).*
- ☐ Keep a copy of your complete application packet for your records. **(Required)**

NOTE: Only submit necessary documentation. Please do NOT send resumes, CORI forms, First Aid, CPR, or medical information

APPLICATION AFFIDAVIT

I attest, to the best of my knowledge, that all information contained herein is true and accurate.

Applicant Signature: _____ Date _____

(Signature is required)

Mail Application to EEC:

Department of Early Education and Care
Professional Qualifications Unit
51 Sleeper St. 4th Floor
Boston, MA 02210

EEC VERIFICATION OF CENTER-BASED PRACTICUM/WORK EXPERIENCE

To Be Completed by Employer in Center Based Child Care within Massachusetts (Small or Large Group)

To be certified by EEC, applicants must have verification of experience caring for children under age 7 (not yet enrolled in first grade) or children with special needs under age 16.

Center Name (where experience was gained) (Please include State/County License #)

Center Address

Applicant Name

Applicant Address

Please copy this form to complete a separate sheet for each position held and each age group.

POSITION: (CHECK ONE):

Position: _____

CHECK APPLICABLE AGE GROUP(S):

☐ Infant/Toddler (Ages 0 months to age 2.9)

☐ Preschool (Age 2.9 to age 5)

☐ Preschool/School Age (Age 2.9 to age 6)

☐ Mixed Toddler/Preschool (Age 15 months to age 5)

☐ Special Needs? If yes, list Ages _____

CHECK WORK EXPERIENCE TYPE:

☐ General work experience

☐ Practicum through accredited College or University (Credit for the practicum must be verified by the official transcript **and** a practicum verification form signed by the college supervisor).

INDICATE DATES WORKED:

From: Mo/Day/Year to: Mo/Day/Year

___/___/___ ___/___/___

Was work experience more than 12 hrs per week

Circle One: Yes or No If no how many hrs/week___

YEAR TYPE (CHECK ONE):

☐ Full year (January through December)

☐ School year (September through June)

I attest, to the best of my knowledge, that all information contained herein is true and accurate.

Printed Name: _____ Signature: _____

Date: _____ Title: _____ EEC Certificate # or DESE Certificate #: _____

Telephone: _____ Email address: _____

PLEASE RETURN COMPLETED AND SIGNED WORK EXPERIENCE FORM TO APPLICANT

VERIFICATION OF PARACTICUM/WORK EXPERIENCE IN FAMILY CHILD CARE

To Be Completed by a Family Child Care (FCC) Provider Only

In order for work experience as an FCC provider count towards certification, an applicant must attach their most recent license. Up to the last 36 months will be verified for work experience. All FCC providers must have a license in good standing; EEC will confirm this information by verifying with the assigned EEC Licensur and Licensing supervisor.

EEC FCC Program # _____ EEC FCC License # _____

FCC Applicant: _____
First Name Middle Name Last Name

FCC Address: _____
Number Street Apt. #

City/Town State Zip Code

CHECK APPLICABLE AGE GROUP(S):

- ☐ Infant/Toddler (Ages 0 months to age 2.9) ☐ Preschool/School Age (Age 2.9 to age 6)
☐ Preschool (Age 2.9 to age 5) ☐ Special Needs? If yes, list Ages _____
☐ Mixed Toddler/Preschool (Age 15 months to age 5)

DATES OF EXPERIENCE:

From: _____ to _____
MM/DD/YEAR MM/DD/YEAR

I attest that the above information is, to the best of my knowledge, true and accurate.

FCC Applicant Name: _____
(Please type or print clearly)

FCC Applicant Signature: _____
(Signature is required)

Phone Number: _____ Date: _____
MM/DD/YEAR

VERIFICATION OF PARACTICUM/WORK EXPERIENCE IN FAMILY CHILD CARE

To Be Completed by a Family Child Care (FCC) Assistant Only

In order for work experience as an FCC provider Assistant count towards certification as long as the FCC Provider is EEC Lead Teacher certified. An applicant must attach their FCC Assistant Certification and the EEC Lead Teacher Certification of the FCC Provider.

EEC FCC Program # _____ EEC FCC License # _____

FCC Assistant Applicant: _____
First Name Middle Name Last Name

FCC Address: _____
Number Street Apt. #

City/Town State Zip Code

CHECK APPLICABLE AGE GROUP(S):

- ☐ Infant/Toddler (Ages 0 months to age 2.9) ☐ Preschool/School Age (Age 2.9 to age 6)
☐ Preschool (Age 2.9 to age 5) ☐ Special Needs? If yes, list Ages _____
☐ Mixed Toddler/Preschool (Age 15 months to age 5)

DATES OF EXPERIENCE:

From: _____ to _____
MM/DD/YEAR MM/DD/YEAR

I attest that the above information is, to the best of my knowledge, true and accurate.

FCC Provider Name: _____
(Please type or print clearly)

FCC Provider Signature: _____ FCC Provider EEC Certificate # _____
(Signature is required)

Phone Number: _____ Date: _____
MM/DD/YEAR