



# DEPARTMENT OF EARLY EDUCATION AND CARE

Teacher Qualifications Certification  
Chapter 74 Vocational and EEC Approved  
High School Program Applicants Only

*Contact EEC at  
(617)988-6600  
ask for the  
Teacher Qualifications Unit or email  
EEC at  
[eecprofdev@mass.gov](mailto:eecprofdev@mass.gov)*

*Early Education and Care  
Application Revised: December 2021*

**PROFESSIONAL QUALIFICATION CERTIFICATION  
APPLICATION PACKET FOR HIGH SCHOOL GRADUATE APPLICANTS ONLY**

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**REQUIRED DOCUMENTS FOR CERTIFICATION**

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Thank you for your interest in applying for an EEC professional qualifications certification. This application packet includes information to help you complete your application correctly. Please carefully review the information contained in this packet before you apply. Please note this application is specifically for **High School Students who have graduated from one of the Commonwealth of Massachusetts Chapter 74 Approved Vocational Technical Education and EEC Approved programs that offer Early Childhood Education**. Other MA High School graduates must complete the General Application. To ensure your high school is an approved program, please contact the EEC Professional Qualifications Unit.

Who Can Apply?

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High School Students graduating from a Chapter 74 and EEC approved programs must have completed two years of Child Development course work and over a total of 150 hours of classroom experience within an infant/toddler care and/or preschool EEC Licensed program.

*\*Please note that High school students applying for EEC certification will only qualify for Teacher Level certification in preschool and/or infant toddler. Additional experience and course work is required for other EEC Certification levels.*

How to Apply for Professional Qualification Certification

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1. You must complete the EEC professional qualification certification application (see page 3),
2. Submit it with the **required supporting documentation**:
  - a. Copy of high school diploma.
  - b. Official high school transcript that indicates minimum of two (2) years of Child Growth and Development.
  - c. Recommendation letter on school letterhead written by program director/instructor that indicates the following information:
    - i. total number of hours in classroom, age group, and recommendation for EEC Teacher certification.

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

Submission Instructions

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**Email Application to EEC in a PDF Format to:**  
[EECPROFDEV@mass.gov](mailto:EECPROFDEV@mass.gov)

For processing, subject line must include:  
*Chapter 74/Approved High School Submission of EEC Application for Certification*

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

**For Questions, contact EEC at:**

Phone: (617)988-6600 (ask for the Professional Qualification Unit)  
Email: [eecprofdev@mass.gov](mailto:eecprofdev@mass.gov)

**Application for Professional Qualification Certification for *High School Graduates* the  
Commonwealth of Massachusetts Chapter 74 and EEC Approved  
Vocational Technical Education programs**

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***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.***

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

Name of High School: \_\_\_\_\_

Name of the High School Early Education program instructor:  
\_\_\_\_\_

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

**Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
*(Signature required)*

<b>For Office use only:</b>	
Date Received:	Certified for: T(IT) T(PS) LT (IT) LT (PS) DI DII
Reviewed by:	Date Certificate Issued: Certificate #:
Reviewed Date:	Incomplete Letter Sent: