DEPARTMENT OF EARLY EDUCATION AND CARE

Professional Qualification Certification
Chapter 74 Vocational and EEC Approved High School Program Applicants Only

Contact EEC at (617)988-6600 ask for the Professional Qualification Unit or email EEC at EEC.ProfessionalDevelopmentCalendar@mass.gov

Early Education and Care Application Revised: January 2019
**Introduction**

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.

What is EEC Professional Qualification Certification?

To work in a large group child care program as a Teacher, Lead Teacher or Director, you must be qualified.

<table>
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<tr>
<th>Infant-Toddler Teacher</th>
<th>Preschool Teacher</th>
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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?

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

1. You must complete the EEC professional qualification certification application (see pages 4 & 5),
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:** Applicants can create a PQ Registry profile (which is required by regulation), however this **DOES NOT** certify you. EEC certification can only be obtained through the process defined in this application packet. Creating your individual profile on the PQ Registry **DOES NOT** certify an educator.

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**For Questions, contact EEC at:**

Phone: (617)988-6600 (ask for the Professional Qualification Unit)
Email: EEC.ProfessionalDevelopmentCalendar@mass.gov
Application for Professional Qualification Certification for High School Graduates the Commonwealth of Massachusetts Chapter 74 and EEC Approved Vocational Technical Education programs

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.

☐ This is my first application to EEC

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:

___________________________________________________________________________________________

For Office use only:
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:

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PLEASE ATTACH THE FOLLOWING REQUIRED DOCUMENTATION

☐ Enclose an official high school transcript. Copies cannot be accepted.
☐ Attach copy of High School Diploma or G.E.D. if you are applying for teacher OR are under 21 years of age;
☐ Recommendation Letter from Early Childhood Education Teacher specifying the following information: 1. Number of hours in classroom; and 2. Age group.
☐ Enclose Application Form (signed and dated)
☐ Keep a copy of your complete application packet for your records.

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

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

(Signature required)

Applicant Signature: ________________________________________ Date ______________________

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