DEPARTMENT OF EARLY EDUCATION AND CARE

Professional Qualification Certification Application
Out of State and International

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
PROFESSIONAL QUALIFICATION CERTIFICATION
OUT OF STATE AND INTERNATIONAL APPLICATION PACKET

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 Professional Qualifications Certification Requirements and Frequently Asked Questions document prior to completing your application.

What is EEC Educator Qualification Certification?
To work in a large group child care program as a Teacher, Lead Teacher or Director, you must be qualified. There are six positions for which you may qualify:

- Infant-Toddler Teacher
- Preschool Teacher
- Infant Toddler Lead Teacher
- Preschool Lead Teacher
- Director I
- 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?
You must be working or have a pending job in an early education and care program in Massachusetts. Applications will only be processed for someone who falls into one of the following categories:

- Massachusetts residents looking to be educators for early education programs in Massachusetts and has obtained coursework outside of the Massachusetts and/or the United States and Territories.
- Out of State Applicants who have a job pending within Massachusetts or planning to move to the state. Please provide verification of pending job or Massachusetts residency verification.

How to Apply for Educator Qualification Certification
1. You must complete the EEC Educator Qualification Certification application (pages 4 & 5)
2. Submit it with the required supporting documentation:
   a. Enclose an official college transcript or e-transcript with authentication page from an accredited college or University. Copies cannot be accepted.
   b. Attach copy of High School Diploma or G.E.D. if you are applying for teacher level OR are under 21 years of age.
   c. Enclose a copy of your degree if it is not on your official transcript.
   d. Enclose Work Experience form verifying your work experience(s) by a supervising Director. You cannot verify your own experience or alter the signed forms.
   e. Submit Original Child Development Associate (CDA) from the National Council of Recognition by certified mail. Copies cannot be accepted; original will be returned to you by certified mail once verified.
f. Submit official Montessori transcript, copy of your certificate, and a letter granting you the certificate.

g. Submit original training certificates and assure that they are from an EEC approved organization and clearly indicate that the training is approved for CEUs and shows the number of CEUs granted. Copies cannot be accepted; original will be returned to you by certified mail once verified. (PDPs or workshop attendance verification are not substitutes for CEUs and cannot be accepted).

h. Massachusetts does not accept Teacher certifications and/or Teaching Licenses from another state or country.

i. If the college transcript, from an accredited college or University, is from a foreign country, please submit the original transcript and copy of the diploma along with an original evaluation from an agency that provides foreign credential evaluation services and translates it into English. The evaluation must be reviewed course-by-course if the coursework is Early Childhood or Education related. A general evaluation can be submitted if the degree is unrelated. Original documents will be returned to the applicant by certified mail.

Examples of Agencies that provide these services:

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Address</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Credential Evaluators, Inc.</td>
<td>P.O. Box 514070, Milwaukee WI 53202-3470</td>
<td>(414) 289-3400</td>
<td><a href="http://www.ece.org">www.ece.org</a></td>
</tr>
<tr>
<td>Evaluation Service, Inc.</td>
<td>333 W. North Avenue, #284, Chicago, IL 60610</td>
<td>(847) 477-8569</td>
<td><a href="http://www.evaluationservice.net">www.evaluationservice.net</a></td>
</tr>
<tr>
<td>Center for Educational Documentation</td>
<td>P.O. Box 170116, Boston, MA 02117</td>
<td>(617) 338-7171</td>
<td><a href="http://www.cedevaluations.com">www.cedevaluations.com</a></td>
</tr>
</tbody>
</table>

**NOTE:** EEC does not recommend or endorse any of these services but is providing contact information for them as a convenience for applicants. Applicants should also be aware that there are costs associated with evaluation and translation services.

**Return Application to EEC:**

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

If you are missing documentation or do not meet any of the EEC qualification criteria, you will receive a notice in the mail that explains what you need in order to become certified. Your application will be returned to you along with a letter.

**Note:** Applicants can, create a PQ Registry profile (which is required by regulation), however this **DOES NOT** certify you or count as an application submission. 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.

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

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

CHECK ONE

☐ This is my first application to EEC

☐ Upgrade my EEC Certification

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 ATTACH THE FOLLOWING REQUIRED DOCUMENTS

☐ Endose Application Form (signed and dated) (required)
☐ Endose an official college transcript. Copies cannot be accepted. (required)
☐ Attach copy of High School Diploma or G.E.D. if you are applying for teacher OR are under 21 years of age; (if applicable)
☐ Endose a copy of your degree if it is not on your transcript. (if applicable)
☐ Endose Work Verification Form(s) verifying your work experience(s) by a supervising Director. Foreign work experience is not acceptable. You cannot verify your own experience or alter the signed forms. (required)
☐ Endose of copy of your PreK-2/K-3 License if you hold a Licensure from the Department of Elementary and Secondary Education (DESE). (if applicable)
☐ Submit official Montessori transcript, copy of your certificate, and a letter granting you the certificate
☐ Original Child Development Associate (CDA) or Early Intervention Specialist Certificate (MA DPH). Copies cannot be accepted; original will be returned to you by certified mail once verified. (if applicable)
☐ Original foreign transcript, copy of diploma and course-by-course evaluation. (if applicable)
☐ Original training certificates from an EEC approved organization and assure that they clearly indicate that the training is approved for CEUs. (PDPs or workshop attendance verification are not substitutes for CEUs and cannot be accepted). (if applicable)
☐ 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.

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

(Signature is 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
EEC VERIFICATION OF PRACTICUM/WORK EXPERIENCE

To Be Completed by Employer in Licensed Center Based Child Care within the United States

To be certified by Center Director, 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 if the dates are different for each position held.

Position: ________________________________

Check applicable age group/s:

☐ Infant/Toddler (Ages 0 months to age 2.9)
☐ Preschool/School Age (Age 2.9 to age 6)
☐ Special Needs? If yes, list Ages _______

☐ Preschool (Age 2.9 to age 5)

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

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 this form signed by the college supervisor).

Indicate dates worked:

Was work experience more than 12 hrs per week?

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

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

Circle one type of year:

☐ Full year (January through December)

☐ School year (September through June)

Note: This form cannot be completed by Human Resource Department. EEC will verify all out of state work experience. Work experience outside of United States is currently not acceptable.

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

Printed Name: ________________________________ Signature: ________________________________

Date: __________________ Title: __________________ Telephone: __________________

Email address: ____________________________

EEC- PROFESSIONAL QUALIFICATION CERTIFICATION