

MARYLAND STATE DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE – Credentialing Branch
 200 West Baltimore Street, 10th Floor • Baltimore, Maryland 21201
MARYLAND CHILD CARE CREDENTIAL APPLICATION

INSTRUCTIONS: Complete this application form and mail it with **all** documentation to the Office of Child Care (OCC) at the above address. Answer **all** questions completely in the space provided. For first application answer one of the questions on page two of the application. All applications must be accompanied by required documentation. Incomplete applications will be returned.

Applicant's Name: _____ (Please print or type) Last First Middle Maiden							
Social Security #(required): _____			Date of Birth (mo/day/yr): _____				
Mailing Address: _____							
Number		Street		Apt. # (if applicable)	City	State Zip Code	
Work Phone #:(_____)			Home Phone #:(_____)				
E-mail: _____			CCATS ID Number _____				

I am a: (Check the appropriate box.)	
<input type="checkbox"/> Family Child Care Provider, registration #: _____	
<input type="checkbox"/> Child Care Center Employee: (check primary position)	
<input type="checkbox"/> Director (age group(s) _____) <input type="checkbox"/> Teacher(Infant/Toddler) <input type="checkbox"/> Teacher (Preschool)	
<input type="checkbox"/> Teacher(School-Age) <input type="checkbox"/> Aide (Infant/Toddler) <input type="checkbox"/> Aide (Preschool) <input type="checkbox"/> Aide (School-Age)	
<input type="checkbox"/> Other: _____ (age group(s) _____)	
Center Name _____ License #: _____	
Center Address _____	
Number Street City State Zip Code	

APPLICATION TYPE: (check only one)	<input type="checkbox"/> FIRST APPLICATION <input type="checkbox"/> UPDATE (To submit additional information for a higher level or to activate an expired credential) <input type="checkbox"/> RENEWAL (To renew credential submit information pertaining to the previous 12 month period only.)
REQUIREMENTS	SUBMIT COPIES OF:
1. TRAINING	<ul style="list-style-type: none"> OCC Approved Training Certificates (within 5 years of application date) College grade slips/transcripts (regardless of date) College degree with accompanying transcript from an accredited college or university. (Foreign degrees must be translated and evaluated.)
2. PROFESSIONAL ACTIVITIES (Must be within the previous 12-month period.)	<ul style="list-style-type: none"> Professional organization membership card(s) Canceled checks Letters of acknowledgement of participation in professional activities Other documentation, as appropriate.
3. EXPERIENCE	<ul style="list-style-type: none"> <u>Family Child Care Provider</u> – Copy of any family day care certificate of registration, including current certificate. <u>Center Staff</u> - letter of employment on center letterhead or other documentation (documentation of current employment required) Any other documentation of experience, letters, time sheets, staff evaluation card, etc.

I affirm that **all** information on this application and **all** attached documentation is true and correct. I understand that if I have had a child care license or registration suspended or revoked I may not be eligible to participate in the credential program. I further understand that there are penalties for giving false statements. I have attached **all** required information including, documentation of training, professional activity, and experience. My signature below makes this statement binding.

Signature of Applicant: _____ Date: _____

Keep a copy of the completed application (Page One and Two) and all documentation for your files.

