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## Application for a Career Level II Certificate

Detailed information about each Level of the Career Ladder and the applications are on the Northern Lights website. Applications are accepted anytime. Incomplete applications cannot be processed. Please contact Northern Lights if you have any questions. After your application is processed you will receive a certificate and a pin recognizing your accomplishment, and your name will be in the next Northern Lights Newsletter!

The requirements for a **Level II certificate** are the successful completion of 1) either a Child Development Associate (CDA) Credential or Northern Lights CDC approved equivalent, 2) two years of experience working with young children in a regulated setting, and 3) a current Individual Professional Development Plan (IPDP).

After you are awarded a **Level II** certificate, you *may* also be eligible for a Professional Recognition Bonus from the Vermont Child Development Division. More information is on page 3.

### 1. Contact Information. Please type or print clearly.

Name \_\_\_\_\_ BFIS Quality Credential Account #<sup>1</sup>: \_\_\_\_\_

<sup>1</sup> **BFIS Quality and Credential Account:** When you work in regulated child care, you likely already have a personal account in BFIS (Bright Futures Information System). This personal account is called your Quality and Credential Account and it has your ID number. If you haven't seen your account, you can get a user name and password by going to <https://bfishelp.ahs.state.vt.us/> and fill out the short form, requesting CREDENTIALING ACCOUNT. Once the user name and password is sent to your email, you can change it to your own and then use it to log in to your BFIS Credential Account found at the BFIS homepage: <http://www.brightfutures.dcf.state.vt.us/> near the bottom of that page. A BFIS Quality and Credential account is a free, online way to document and track the training, education, credentials and coursework you have completed, and to save your Individual Professional Development Plan (IPDP). Please see the Northern Lights website <http://northernlightscdc.org> to learn more about BFIS.

Mailing Address \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Workplace: \_\_\_\_\_ Location: \_\_\_\_\_

If you work in regulated child care, Licensed or Registered program Certificate # \_\_\_\_\_

### 2. Education (check one box)

- Current Child Development Associate (CDA) Credential **Initial CDA award DATE:** \_\_\_\_\_  
 (check one)  
 \_\_\_ Attached is a copy of my current Child Development Associate Credential - OR -  
 \_\_\_ My current CDA credential is documented in my BFIS Quality Credential account (# above)  
 My CDA *training hours* were obtained by completing (check all that apply)  
 \_\_\_ the Fundamentals Course      \_\_\_ other VT community coursework  
 \_\_\_ online training                      \_\_\_ college coursework

**OR**

- A Northern Lights approved Level II equivalent (contact Northern Lights for information) *check one*  
 \_\_\_ portfolio review process approved by Northern Lights OR  
 \_\_\_ 12 related college credits (*see next page*) + observation of your work by an approved observer

EDUCATION continued - *a transcript from the college will document your credits*

Related College Credits in one or more of the following areas will be accepted:

- Child or human development
- Education, including special education
- Health, including nutrition and nursing
- Psychology/ mental health/ child and family studies
- Sociology/human services/social sciences/social services
- Business / administration (related to instruction in early childhood or afterschool program management)

AND Course work must be in at least two of the 5 Core Knowledge areas: Families and Communities, Child Development, Healthy and Safe Environments, Teaching and Learning, Professionalism and Program Organization

### 3. Experience

Level II requires at least **two years** of accumulated professional experience working with children in a Vermont regulated setting (licensed, registered, or other setting). A year is a full-time or part-time commitment lasting at least 12 months in all. Please list where you accumulated the two years of experience. Please type or print clearly.

Name of program	Name of supervisor (if unsupervised, give name of Resource Development Specialist)	Current phone number of this workplace	start date	end date
			Total number of years or months	

### 4. Individual Professional Development Plan (IPDP): *must be current within the last 3 months*

Please attach your IPDP which includes: a) self-assessment, b) goals for future professional development , c) strategies and resource, d) time line. You can find samples and blank forms on the Northern Lights website <http://northernlightscdc.org>. Contact Northern Lights if you have any questions. If you create your IPDP in your BFIS Quality & Credential Account (see the first page) you don't have to send it.

My IPDP is on my BFIS Quality and Credential Account. See my BFIS Quality Case ID #.

### 5. Statement of Truth and Accuracy

*The information you supply in this application will be verified. Applications with inaccurate or misleading information will not be processed.*

With my signature below, I attest to the truth and accuracy of all of the information provided in this application.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**I applied for this Level certificate because** *(check all that apply):*

- gain recognition & certificate    
  CDD Recognition Bonus    
  Other: \_\_\_\_\_  
 STARS application score    
  required for my job

### 6. Please send to the address on page 1:

*NOTE: If an application is still incomplete after 12 months, the candidate will need to reapply.*

- this completed application (all pages)**    
  **your current IPDP (or see #4 above)**  
 **copy of CDA certificate or approved equivalent documentation**

**You may also be eligible to receive \$500 for achieving a Level II certificate or \$150 for your first renewal of your CDA credential!**

If you meet the following criteria Northern Lights Career Development Center will forward your application to the **Vermont Child Development Division (CDD)** for consideration of a **Recognition Bonus**. Bonuses are only available for the highest level to which you are qualified. Check to see if you meet the initial CDD requirements.

- ✓ You are a Vermont resident
- ✓ The education requirement in this application is completed in the last two years
- ✓ You have worked in a Vermont regulated child care program for the past six months
- ✓ You are not a public school employee paid on the teacher salary schedule
- ✓ You plan to stay working in regulated child care for at least one year from the date of this application
- ✓ The program where you work meets regulatory requirements (see below)

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I certify that the information contained in this application is true and correct. I also certify that the following statements are true:

1. My program will comply with applicable eligibility criteria of the Child Care Development Fund including not discriminating or barring participation on the basis of race, religion, sex, color, handicap or national origin.
2. I have worked directly with children at a CDD regulated child care facility for the past six months.
3. I plan to work in regulated child care or afterschool care setting serving Vermont children for at least 1 year after receiving any grant funds from the CDD.
4. I am a Vermont resident.
5. I am not a public school employee who is paid on the teacher salary schedule for my work in the regulated care setting.
6. My program, or the program with which I am employed: (choose one)
  - Is in good regulatory standing with the Child Development Division, which means that I also certify that within the past twelve months all regulatory violations are corrected, no "Parental Notification letter/s" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD. OR
  - Has received the following violations, but no Parental Notification Letter violation in the previous 12 months. *I have attached a statement detailed the violations(s) and what I am personally doing to make sure the violations do not happen again.*

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

*If your application meets the requirements above, Northern Lights will pass it on the Child Development Division for their consideration for the Recognition Bonus.*

For Questions about the Child Development Division Recognition Bonus contact:  
Heather Mattison: 802-241-4551 or 800-649-2642 ext. 4551

<p><b>For State Use Only</b></p> <p>Date Received: _____ Invoice #: _____</p> <p>Reviewed/approved: _____ Date: _____</p> <p>Payment entered: _____ Date: _____</p> <p>License check: _____</p>	<p><b>Program Manger Approval/Denial</b></p> <p><input type="checkbox"/> Approved: \$ _____</p> <p><input type="checkbox"/> Denied</p> <p>Signature: _____</p> <p>Date: _____</p>
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