



Vermont Early Childhood and Afterschool Program Director Credential  
Application for STEP 1 Certificate

Name \_\_\_\_\_ Date \_\_\_\_\_

BFIS Q&C Account # \_\_\_\_\_ Don't know your BFIS number? Call the BFIS Help Desk to find out: 802-241-0800

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

Email \_\_\_\_\_ Program name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Section 1 – General Information:**

- Type of program where you are currently employed:  Center-based  Home-based  Afterschool
- Are you a current Program Director/Administrator?  No  Yes
- Please select your reason for applying for this credential (choose as many as apply):  
 Required for my job  Recognition  To learn more about being a Program Director  Increase pay or bonus  
 For STARS status  To become a Program Director  Other \_\_\_\_\_

**Section 2 – Course Requirements:**

- **Please write the year you successfully completed each of the following courses. *Equivalency instructions are on the last page of this application.***

Child Development (3 credits)  
Year completed \_\_\_\_\_ Or Equivalency A: \_\_\_\_\_  
*(name of course taken instead)*

Curriculum Development (3 credits)  
Year completed \_\_\_\_\_ Or Equivalency A: or  B: \_\_\_\_\_  
*(name of course taken instead)*

Program Management (3 credits)  
Year completed \_\_\_\_\_ Or Equivalency A: or  B: \_\_\_\_\_  
*(name of course taken instead)*

- **You *must* provide a copy of your college-issued transcripts to show successful course completion. Transcripts must be issued by a college registrar, not a computer download. (You may need to make a request for transcripts.)**

- Transcripts and/or Certificates of Completion are already in my BFIS Account
- Please add these documents to my BFIS Credential Account

**Program Director**  
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**Section 5 – Regulatory Standing:**

- 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 violations have been issued 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/s violations have been issued in the past 12 months.

*I have attached a statement detailed the violation(s) and what I am personally doing to make sure the violations do not happen again.*

**Section 6 – Signature:**

- With your signature, you attest to the truth and accuracy of the information provided in this application.

Printed Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send your application and supporting documents to:**

Amelia Struthers, Coordinator, Northern Lights Career Development Center  
Community College of Vermont, 307 South Street, Springfield, VT 05156  
QUESTIONS: [amelia.struthers@ccv.edu](mailto:amelia.struthers@ccv.edu) OR 802-885-8374

**Equivalency Information:**

The following information is required for those seeking Course Equivalency (which cannot exceed a total of 3 of the required courses for Steps 1 and 2).

- A similar 3-credit course with description and objectives, and a statement indicating how this course meets the objectives of the course you are seeking equivalency for, OR
- A combination (minimum 45 hours) of credit coursework and documentation of related professional development, self-assessment, and solid documented evidence of related Program Director Competencies.

Candidates selecting option B must use the *Program Director Self-Assessment Tool* (located in Vermont's Competencies for Program Directors) and the *Evidence of Competency Guide* for organizing their documented evidence. The *Program Director Course Equivalency Guide* will help you determine competency/course alignment. These documents are located on the Northern Lights website. <http://northernlightscdc.org>

*For Office Use Only:*

Date application received \_\_\_\_\_ College issued transcripts included:  Yes  No

Tracking sheet created \_\_\_\_\_

Equivalency Used:  Yes  No Certificate date \_\_\_\_\_ Entered in PDC database \_\_\_\_\_

*Revised 02-2016*