



**Vermont Early Childhood and Afterschool Program Director Credential
Application for STEP 2 Certificate**

Name _____ Date: _____

BFIS Q&C Account # _____ *Don't know your BFIS number? Call the BFIS Help Desk: 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
- Please select your reason for applying for this certificate (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 - Experience:

This is the application for your STEP 2 Program Director certificate. Keep in mind, to earn the next certificate, the Step 3 Program Director Credential, you will be required at that time to have gained the following experience (if needed, contact Northern Lights, or your Resource Development professional to help identify how to gain this experience):

- a) A minimum of 1 year of direct care experience in an early childhood or afterschool program, AND
- b) A minimum of 2 years of administrative experience as a program director, OR 3 years supervised administrative experience as an assistant or in training.

• In the chart below, please name your **current place of employment** and include the **total months/years** you have worked there and in the last box, **your role** (for example, a teacher or teaching assistant would write, "Direct Care" and a director would write "Administration." An assistant director would write, "Administration with Supervision").

• Please continue filling in the chart with the name of any previous home-based, center-based, or after school programs you were employed at and include total months/years you were employed there and your role.

**Role(s): Direct Care
Administration
Administration with Supervision**

	Program Name and Location:	Total Months/Years:	
Current Employer:			
Previous Employer:			
Previous Employer:			

Section 3 – Program Director Step 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.*

Leadership, Mentoring and Supervision for Early Childhood and Afterschool Practitioners (3 credits)
Year completed _____

Or Equivalency A or B _____
(name of course taken instead)

Legal and Financial Issues in Early Childhood and Afterschool Programs (3 credits)
Year completed _____

Or Equivalency A or B _____
(name of course taken instead)

Human Resources Management (3 credits)
Year completed _____

Or Equivalency A or B _____
(name of course taken instead)

TRANSCRIPTS:

- 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 Credential Account.

Please add documents to my BFIS Credential Account.

Section 4 – Financial Assistance:

- Did you take advantage of any financial support for courses? (For example: CDD, VSAC, Northern Lights, T.E.A.C.H., VCCICC, PELL)

Yes No

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 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 IN BFIS

Tracking sheet updated _____

Used Course Equivalency: Yes No

Certificate date _____

Entered in PDC database _____