

# Director Credentialing Application



**Instructions** - Please complete the entire application by filling in all lines requesting information. All information on this form must be provided for program eligibility.

## General Information

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Citizenship:     U.S. Citizen                       Legal Permanent Resident     Employment Authorization Card  
 Other, please explain: \_\_\_\_\_

Marital Status:         Never Married         Married         Divorced         Separated         Widowed

Have you ever been convicted of a \*crime?:                       Yes                       No

\*Examples of crimes: DUI, shoplifting, forgery, possession of drugs or firearms, violent crimes, etc.

Your response to this question will not affect your eligibility for the program.

What is the last grade you completed:     11th Grade or Below     High School Graduate     GED     Some College  
 Certificate     Associate's     Bachelor's     Master's Degree

Are you currently in school?:     Yes     No                      If yes, name of school: \_\_\_\_\_

How did you hear about this program (check all that apply)?     Mailing     Flyer/Poster     Facebook  
 Website \_\_\_\_\_     Case Worker \_\_\_\_\_  
 Agency \_\_\_\_\_     Other \_\_\_\_\_

## Financial Information

What is the previous month \*total income for your household?: \$ \_\_\_\_\_

\*Total income is considered monthly gross wages (i.e. before taxes), child support, and any other cash benefits received.

Number of adults ages 18 or older in your household: \_\_\_\_\_

Number of people who contribute to pay the household expenses: \_\_\_\_\_

Number of people ages 0—17 in your household: \_\_\_\_\_

Number of children you have: \_\_\_\_\_

Do you pay child support for a child who does not live with you and the child is under age 18?:

NA                       Yes                       No

Do you receive child support for a child?:                       NA                       Yes                       No

If so, how much: \$ \_\_\_\_\_

Are you currently on food stamps?                       Yes                       No

Do you currently receive child care assistance through the state?                       Yes                       No

If yes, approximate number of hours of childcare per week: \_\_\_\_\_

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Do you currently have health insurance for yourself?  Yes  No

If yes, is your health insurance:

- Public health insurance provided by the state (Medicaid)
- Private health insurance paid by you, family, or an employer
- Both

Please indicate below other specific assistance programs you are currently utilizing:

- Cash Assistance \_\_\_\_\_  CW-Step  LEAP  WIC
- Public Housing  Low Income/Affordable Housing  Section 8  ELV
- Other, please explain: \_\_\_\_\_

How would you describe your current living situation? (check all that apply)

- Rent  Own  Living with Relative  Living with Foster-Family
- Living with Non-Relative  Living in a Shelter  Homeless

## Employment Information

What is your current employment status?:  Full Time (32+ hours/week)  Part Time (32 hours or less/week)  
 Unemployed  Internship  Apprenticeship

Do you work more than one job?:  Yes  No

Name of current employer?: \_\_\_\_\_

What is your occupation:  Teacher  Assistant Teacher  Aide  Family Home Care  
 Other \_\_\_\_\_

What is your hourly wage?: \$ \_\_\_\_\_

How many hours a week do you work?: \_\_\_\_\_

Approximately when did you start work for this employer?: \_\_\_\_\_

## Communication

Please indicate on the lines below secondary phone numbers, email addresses, Facebook or other social media profile information that will help us reach you:

\_\_\_\_\_

\_\_\_\_\_

Your Preferred Method of Contact:  Telephone  Email  Facebook

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## Director Credentialing Questions

\*Be advised, completed early childhood college courses listed below count toward your overall Director Credentialing. Upon the Director Credentialing program completion you will be 2-3 college courses closer to earning your Associate of Arts degree in Early Childhood.

At the time of this application, do you have close to 2-years (2,800-hours) in a licensed child care facility experience?

- Yes                       No

Approximate total hours worked in a licensed child care facility: \_\_\_\_\_

**Credit for Prior Learning Opportunity** - All individuals who have completed their Infant/Toddler or Preschool CDA have the opportunity to earn three college courses (9 college credits) for one CDA and two college courses (6 credits) for the second CDA toward their Director Credentialing.

Do you have your Child Development Associate (CDA) in Infant/Toddler or Preschool? (select all that apply):

- Yes, Infant/Toddler                       Yes, Preschool

Individuals with an Infant/Toddler CDA can earn college credit in these three courses: ECE-101, ECE-113, ECE-114.

Individuals with a Preschool CDA can earn college credit in these three courses: ECE-101, ECE-102, ECE-238.

To pursue this opportunity please contact Professor Vail Schoultz-McCole at [vshoultz@coloradomesa.edu](mailto:vshoultz@coloradomesa.edu)

Please select each college course(s) you have completed or will soon complete:

- |   |   |
|---|---|
| ECE-101 Intro to Early Childhood                                | ECE-238 Growth and Development                    |
| ECE-102 Intro to Early Childhood Professions<br>Lab Experiences | ECE-240 Curriculum & Development: Early Childhood |
| ECE-103 Guidance Strategies                                     | ECE-241 Early Childhood Admin: Human Relations    |
| ECE-113 Infant/Toddler Theory and Practice                      | ECE-250 Exceptionalities in Early Education       |
| ECE-205 Nutrition, Health, Safety                               | ECE-264 Admin in Early Education                  |

List ALL college courses you have completed that are not listed above (submission of college transcripts are required for this program): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Certification and Authorization

- I agree to submit to monitored drug testing, random and otherwise, throughout this program.
- I certify under penalty of law, that the above information is correct.
- I understand that my statements may be verified.
- I acknowledge that in applying for this program, I am agreeing to participate in a full background check.
- To the best of my knowledge I will pass a background check. If I fail to pass a background check, I acknowledge that I *cannot* participate in this program.
- I agree to provide all necessary paperwork needed for acceptance and participation in the program to include but not limited to:
  - College transcripts, a high school diploma or GED, annual household income, verification of hours worked in a licensed child care facility.
- I agree I will commit to actively participating and completing the following:
  - All Directors Certification requirements to include any pre-service requirements and other requirements deemed necessary per the Early Childhood staff.
- I understand I must maintain a 2.0 cumulative Grade Point Average (GPA) or higher in all coursework.
- Submit documentation verifying approximately 2,800 hours worked in a licensed child care facility upon application submission and upon graduation of Director Certificate program.

I give my permission for my progress to be monitored as it relates to services or training provided through this program. I authorize the program staff to release and receive my name, image and information for the purposes of statistics and analysis, reporting, eligibility determination and program publicity.

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

Applications and supporting documents are accepted through the following options:

Mail:                   ATTN: Yesenia Wilson  
                              P.O. Box 20,000  
                              Grand Junction, CO 81502-5001

Email:                   yesenia.wilson@mesacounty.us

In-Person:           510 29 ½ Road  
                              2nd Floor, Vital Records  
                              ATTN: Yesenia Wilson  
                              Grand Junction, CO 81504

For any questions, please contact Yesenia Wilson at Mesa County Public Health:  
yesenia.wilson@mesacounty.us or (970) 248-6983