

## INSTRUCTION SHEET

<p><b>GENERAL INFORMATION</b></p> <p>Early Childhood Education lead teachers who work in nonpublic schools (NC Pre-K, Developmental Day, and Head Start programs) are required to enroll with the EESLPD Unit. Teachers must hold one of the following degrees and/or teaching licenses:</p> <ul style="list-style-type: none"> <li>• <b>BA/BS degree in any field</b> (attach or have college/university mail official transcripts) to be considered for a NC Lateral Entry BK License</li> <li>• <b>NC Birth-through-Kindergarten (BK) or Preschool Add-on License</b> (Standard Professional I (Initial) or Standard Professional II (Continuing))</li> <li>• <b>Other NC Teaching License</b> (field other than BK) <b>or</b> another State's License/Certificate</li> </ul>	<p><b>UPON RECEIPT OF YOUR ENROLLMENT, the EESLPD UNIT WILL:</b></p> <p><b>A.</b> Confirm receipt of your enrollment and communicate instructions for next steps.</p> <p><b>B.</b> Determine and prioritize your eligibility and readiness status to participate in the:</p> <ol style="list-style-type: none"> <li><b>1.</b> Lateral Entry Teacher Program [LETP] - teachers without a BK SP I (Initial) or a SP II (Continuing) license.</li> <li><b>2.</b> Beginning Teacher Support Program [BTSP] - teachers with a BK SP I (Initial), Provisional to Preschool Add-On, or a Lateral Entry license</li> <li><b>3.</b> Licensure Renewal Program - teachers with a BK or Preschool Add-on SPII license</li> </ol> <p><b>C.</b> Facilitate the licensure application process, if you have less than a BK SPII, or qualify for renewal or another licensure action.</p> <p><b>D.</b> Contact your higher education advisor, if you are currently working with a college/university to complete BK licensure. Lateral Entry candidates (<i>less than a BK</i>) and provisionally licensed candidates must provide their advisor's contact information on the Enrollment Application.</p> <p><b>E.</b> Provide mentoring support/supervision, conduct teacher observations and facilitate development of teacher Professional Development Plans based on licensure level.</p> <p><b>F.</b> Provide information about the program, requirements and processes as needed.</p>
<p><b>ENROLLMENT INSTRUCTIONS</b></p> <p>The Enrollment Application must be used to enroll initially to the EESLPD Unit.</p> <p><b>Completion of the EESLPD Enrollment Application (Pages 1-3)</b></p> <ol style="list-style-type: none"> <li><b>A.</b> Download the form to your desktop.</li> <li><b>B.</b> Type in the shaded fields.</li> <li><b>C.</b> <u><a href="#">Enter your legal name as it appears on your Social Security card.</a></u></li> <li><b>D.</b> <b>Print and sign.</b></li> <li><b>E.</b> Attach required documents.</li> <li><b>F.</b> Give the packet to your site administrator/director to review and verify that all documents are complete and attached.</li> <li><b>G.</b> <b>Submit your enrollment packet to the address listed below by certified or standard mail. Note: Certified Mail is recommended for initial enrollment packets.</b></li> </ol>	<p><b>PROFESSIONAL DEVELOPMENT</b></p> <p>You will receive an electronic notification about the required <b>EESLPD NC Teacher Evaluation Process, Part 1 and Part 2</b> that you must complete before continuing in the North Carolina Educator Licensure Process. If you have completed the training series and you hold or are eligible to hold a North Carolina BK License (Lateral Entry, Provisional or BK SPI Licensure) you will be assigned a mentor/evaluator. However, if you hold a BK Standard Professional II License, you will be assigned only an evaluator.</p> <p><b>NOTE:</b> The <b>EESLPD NC Teacher Evaluation Process, Part 1 and Part 2</b> are required prior to an assigning mentor/evaluator or evaluator only, based upon your licensure type. The training is self-directed online modules and instructor-led. This training provides support for teachers in their professional growth for the NC Professional Teaching Standards.</p>
<p><b>CHANGE REQUEST ONLY</b></p> <p>If you are submitting demographic and site <b>CHANGES ONLY</b>, please complete the <b>EESLPD Change Form</b>: <a href="http://ncchildcare.nc.gov/pdf/forms/NCPre-K_EESLPD_EnrollmentChangeForm.pdf">http://ncchildcare.nc.gov/pdf/forms/NCPre-K_EESLPD_EnrollmentChangeForm.pdf</a>. Any updates to your name and contact information must be provided immediately to the EESLPD Unit mentor/evaluator, if assigned; otherwise, submit these changes on this form to <b>(919) 715-0920, ATTENTION: EESLPD Enrollment Specialist</b></p>	<p><b>RESOURCES</b></p> <p><b>A GLOSSARY of TEACHER EDUCATION AND LICENSURE TERMS</b>  <a href="http://ncchildcare.dhhs.state.nc.us/pdf/forms/NCPre-K_Glossary.pdf">http://ncchildcare.dhhs.state.nc.us/pdf/forms/NCPre-K_Glossary.pdf</a></p> <p style="text-align: center;"><b>T.E.A.C.H @ Scholarship</b>  <a href="http://www.childcareservices.org/ps/teach-nc">www.childcareservices.org/ps/teach-nc</a></p> <p style="text-align: center;"><b>WAGES@ Supplement</b>  <a href="http://www.childcareservices.org/ps/teach_ta_qac/child-care-wage-national">www.childcareservices.org/ps/teach_ta_qac/child-care-wage-national</a></p>
<p><b>RECORD KEEPING</b></p> <p><b>Please keep a copy for your records.</b> Provide a copy to your Site Administrator/Director and, for NC Pre-K Teachers only: also provide a copy to your local NC Pre-K Contract Administrator and/or NC Pre-K Program Contact.</p> <p style="text-align: center;"><b>YOUR ENROLLMENT APPLICATION WILL BE PROCESSED WHEN ALL REQUIRED INFORMATION AND DOCUMENTS ARE RECEIVED.</b></p>	<p><b>CONTACT US</b></p> <p style="text-align: center;"><b>MAIN:</b> (919) 527-6535 <b>FAX:</b> (919) 715-0920  <b>WEB:</b> <a href="http://www.NCChildcare.nc.gov">www.NCChildcare.nc.gov</a></p> <p style="text-align: center;"><b>FIND YOUR BK LICENSURE SPECIALIST</b>  <a href="http://ncchildcare.nc.gov/PDF_forms/NCPre-K_EESLPD_BK_Licensure_Specialist_Map.pdf">http://ncchildcare.nc.gov/PDF_forms/NCPre-K_EESLPD_BK_Licensure_Specialist_Map.pdf</a></p>
<p style="text-align: center;"><b>MAIL TO</b></p>	
<p><b>ATTENTION: EESLPD Enrollment Specialist</b>  <b>Division of Child Development and Early Education</b>  <b>Early Educator Support, Licensure and Professional Development Unit (EESLPD Unit)</b>  <b>2201 Mail Service Center - Raleigh, NC 27699-2200</b></p>	

**New Enrollment**                       **Re-Employment (Previously Enrolled)**

I am a  **NC Pre-K Lead Teacher in a Nonpublic School**  
 **NC Developmental Day Pre-School Teacher**  
 **NC Pre-K Substitute Lead Teacher**  
 **Other Teacher in Nonpublic School**

(EESLPD Unit Use Only)
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<b>SECTION I</b>	<b>Teacher Information</b> Fill in each blank or write N/A. Please print legibly or type. Enter your entire legal name as it appears on your social security card.	SSN (Provide all 9 Digits)  _____ _____ _____ (Required)
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Prefix	First Name	Middle Name	Maiden Name	Last Name
<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.				
Home Mailing Address			City	State
				NC
Home Phone		Cell Phone		Alternate Phone
Email Address			Date of Birth (mm/dd/yyyy)	County of Residence
Ethnicity		Hispanic	Gender	Disabled
<input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>SECTION II</b>	<b>Facility Information</b>	<b>Type of Program or Facility</b>		
		<input type="checkbox"/> Private Child Care	<input type="checkbox"/> Head Start	<input type="checkbox"/> Developmental Day

I teach  NC Pre-K     Preschoolers     Infant / Toddler     Other \_\_\_\_\_

I am employed	Hire Date	Site County
<input type="checkbox"/> Yes <input type="checkbox"/> No	mm/dd/yyyy	

Site Name	DCD Star Rating	Site Phone #	Site Fax #

Site Physical Address			City	State
				NC

<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	Primary Site Administrator / Director Name	Email	Phone #

<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	Secondary Site Contact Name (If applicable)	Email	Phone #

**This form must be completed, signed and dated by the applicant: I attest to the accuracy of the above information.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

\*In order to continuously protect your personal identification, the Early Educator Support Licensure and Professional Development (EESLPD) Unit will ONLY accept this application and all required official transcripts and associated documents by US standard or certified mail.

Mailing Address: Attn: EESLPD Enrollment Specialist, 2201 Mail Service Center, Raleigh, NC 27699-2200  
 Applicants should retain a copy of this form and any attached documentation for your records.

<b>SECTION III</b>	<b>Education and Licensure Information</b>	<b>Do you hold a Professional Educator's License?</b>	
	Teaching Licensure / Select all that Apply Attach <b>all</b> Official Transcripts with Accredited College Coursework	<input type="checkbox"/> <b>YES</b> <small>(If "YES" attach copy of license)</small>	<input type="checkbox"/> <b>NO</b> <small>(If NO, proceed to University/College Name)</small>

**SPI** (Initial)   
  **SPII** (Continuing)   
  **Lateral Entry**   
  **Provisional Add-On**   
 License Area \_\_\_\_\_

<b>University / College Name</b>	AA <input type="checkbox"/> /AAS <input type="checkbox"/>	BA <input type="checkbox"/> / BS <input type="checkbox"/>	MA <input type="checkbox"/> / MS <input type="checkbox"/>	EdD <input type="checkbox"/> / PhD <input type="checkbox"/>
<b>University / College Name</b>	AA <input type="checkbox"/> /AAS <input type="checkbox"/>	BA <input type="checkbox"/> / BS <input type="checkbox"/>	MA <input type="checkbox"/> / MS <input type="checkbox"/>	EdD <input type="checkbox"/> / PhD <input type="checkbox"/>

Have you completed the <b>Beginning Teacher Support Program</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , attach your most recent <b>Teacher Evaluation Summary Ratings Form and Professional Development Plan</b> if applicable.
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<b>SECTION IV</b>	<b>Birth - through - Kindergarten Licensure Status</b>
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**Are you enrolled in an accredited College or University with an approved BK Licensure Program?**
 YES     NO  
[http://ncchildcare.dhhs.state.nc.us/pdf\\_forms/NCPre-K\\_ApprovedBKProgramsNC.pdf](http://ncchildcare.dhhs.state.nc.us/pdf_forms/NCPre-K_ApprovedBKProgramsNC.pdf)

<b>College / University (IHE) Name</b>	<b>IHE Advisor Name</b>	<b>Phone</b>

**Are you affiliated with a NC Department of Public Instruction Regional Alternative Licensing Center (RALC)?**
 YES     NO

<b>RALC Region</b>	<b>RALC Director</b>	<b>Phone</b>

**Do you have a Plan of Study or Licensure-Only Plan?**  YES     NO  
(If YES, attach copy)

**Have you completed all required coursework in your Plan of Study or Licensure Only Plan?**
 YES     NO

**If NO, how many semester hours are needed to complete your Plan of Study or Licensure Only Plan?**
#SH \_\_\_\_\_

<b>SECTION V</b>	<b>Professional Development</b> <small>Select all that Apply</small>	<b>(Mandatory Section)</b>
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**Training is required in the NC Foundations for Early Learning and Development (NCFELD) Standards**  
[http://ncchildcare.nc.gov/providers/pv\\_foundations.asp](http://ncchildcare.nc.gov/providers/pv_foundations.asp). Check the box that represents your status:

I have completed NCFELD training and **attached a copy of the Foundation's certificate**. (Completed since 2013 only).  
 **Overview (5 CEU)**     **12 Modules**

I have reviewed the NCFELD located on the **EESLPD Unit website** at: [http://ncchildcare.nc.gov/PDF\\_forms/NC\\_Foundations.pdf](http://ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf).  
 I am prepared to use this information in my work as verified by my signature and the date below.  
**I will attend future required trainings.**

**See additional foundations Requirements:** [http://ncchildcare.nc.gov/general/mb\\_eeslpd.asp](http://ncchildcare.nc.gov/general/mb_eeslpd.asp) / **Professional Development Section**

**Teacher's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Your **Site Administrator/Director must review and verify that this form is complete, accurate and that all required documents are attached.** Enrollment with the EESLPD Unit **cannot** be processed if this form is incomplete and/or documents are missing.

Submitted to Site Administrator/ Director on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Submitted to Local NC Pre-K Contractor, if applicable, on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)     N/A

