

PRESERVICE REQUIREMENTS FOR ADMINISTRATOR OF A CHILD CARE CENTER

Name of Center _____ ID# _____

Name of Legal Operator/Owner _____

On-Site Off-Site

Name of Administrator _____

Mailing Address _____

Date of Birth ____/____/____

Home Phone (____)____-____ Work Phone (____)____-____ Fax _____

EDUCATIONAL BACKGROUND

High School Diploma/GED: Date Received _____ School _____ City _____

NC Early Childhood Credential/Equivalent: YES NO Date Received _____ School _____

NC Administration Credential/Equivalent: YES NO Date Received _____ School _____
Level I II III

Child Development Associate: YES NO Date Received _____ Organization _____

Diplomas/Degrees: AA/AS BA/BS MA/MS Ed.D/Ph.D. Major/Minor: _____
Date Received _____ School _____ Hrs. in Early Childhood/Related Area _____

CHILD CARE EXPERIENCE

Employer	Months Employed	Duties
_____	_____	_____
_____	_____	_____

ADMINISTRATIVE EXPERIENCE

Employer	Months Employed	Duties
_____	_____	_____
_____	_____	_____

ADMINISTRATIVE COURSEWORK

Course Title: _____ Date _____ Received Tested Out School _____

Course Title: _____ Date _____ Received Tested Out School _____

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize investigation of statements made on this form and understand that providing false information may be grounds for denying this application.

Signature of On-Site Administrator _____ Date Signed _____

I have reviewed the above information and certify its accuracy.

Signature of Legal Operator/Owner _____ Date Signed _____

(DCDEE CONSULTANT USE ONLY)		Requirements Met	
Date of Employment ____/____/____	Date of Termination ____/____/____	<input type="checkbox"/> 21 Yrs. + HS/GED Highest Grade: _____	<input type="checkbox"/> NC Administration Credential <input type="checkbox"/> Yes <input type="checkbox"/> No
Credentials NC Early Childhood Credential <input type="checkbox"/> Yes <input type="checkbox"/> No Date received: _____ NC Administration Credential <input type="checkbox"/> Yes <input type="checkbox"/> No Level: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III Date received: _____		Other Qualifications Met <input type="checkbox"/> 2 Yrs. Child Care Experience <input type="checkbox"/> 1 Yr. Administrative Experience <input type="checkbox"/> NCECC+ 1 yr child care exper. <input type="checkbox"/> Enrolled in Admin. Coursework <input type="checkbox"/> CDA <input type="checkbox"/> Community College <input type="checkbox"/> Completed or tested out of Admin. Coursework <input type="checkbox"/> Degree w/ Semester Hrs.	

Reviewed by: _____ Date: _____

PRESERVICE REQUIREMENTS FOR ADMINISTRATOR OF A CHILD CARE CENTER

Name of Center _____ ID# _____
Name of Legal Operator/Owner _____

On-Site Off-Site

Name of Administrator _____

Mailing Address _____

Date of Birth ____/____/____

Home Phone (____)____-____ Work Phone (____)____-____

EDUCATIONAL BACKGROUND

High School Diploma/GED: Date Received _____ School _____ City _____

NC Early Childhood Credential/Equivalent: YES NO Date Received _____ School _____

NC Administration Credential/Equivalent: YES NO Date Received _____ School _____
Level I II III

Child Development Associate: YES NO Date Received _____ Organization _____

Diplomas/Degrees: AA/AS BA/BS MA/MS Ed.D/Ph.D. Major/Minor: _____
Date Received _____ School _____ Hrs. in Early Childhood/Related Area _____

CHILD CARE EXPERIENCE

Table with 3 columns: Employer, Months Employed, Duties

ADMINISTRATIVE EXPERIENCE

Table with 3 columns: Employer, Months Employed, Duties

ADMINISTRATIVE COURSEWORK

Course Title: _____ Date _____ Received Tested Out School _____
Course Title: _____ Date _____ Received Tested Out School _____

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize investigation of statements made on this form and understand that providing false information may be grounds for denying this application.
Signature of On-Site Administrator Date Signed

I have reviewed the above information and certify its accuracy.
Signature of Legal Operator/Owner Date Signed

Table with 2 main sections: DCDEE CONSULTANT USE ONLY (Date of Employment, Date of Termination, Credentials) and Requirements Met (21 Yrs. + HS/GED, Other Qualifications Met)

Reviewed by: _____ Date: _____

PRESERVICE REQUIREMENTS FOR ADMINISTRATOR OF A CHILD CARE CENTER

Name of Center _____ ID# _____
Name of Legal Operator/Owner _____

On-Site Off-Site

Name of Administrator _____

Mailing Address _____

Date of Birth ____/____/____

Home Phone (____)____-____ Work Phone (____)____-____

EDUCATIONAL BACKGROUND

High School Diploma/GED: Date Received _____ School _____ City _____

NC Early Childhood Credential/Equivalent: YES NO Date Received _____ School _____

NC Administration Credential/Equivalent: YES NO Date Received _____ School _____
Level I II III

Child Development Associate: YES NO Date Received _____ Organization _____

Diplomas/Degrees: AA/AS BA/BS MA/MS Ed.D/Ph.D. Major/Minor: _____
Date Received _____ School _____ Hrs. in Early Childhood/Related Area _____

CHILD CARE EXPERIENCE

Table with 3 columns: Employer, Months Employed, Duties

ADMINISTRATIVE EXPERIENCE

Table with 3 columns: Employer, Months Employed, Duties

ADMINISTRATIVE COURSEWORK

Course Title: _____ Date _____ Received Tested Out School _____
Course Title: _____ Date _____ Received Tested Out School _____

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize investigation of statements made on this form and understand that providing false information may be grounds for denying this application.
Signature of On-Site Administrator Date Signed

I have reviewed the above information and certify its accuracy.
Signature of Legal Operator/Owner Date Signed

Table with 2 main sections: DCDEE CONSULTANT USE ONLY (Date of Employment, Date of Termination, Credentials) and Requirements Met (21 Yrs. + HS/GED, Other Qualifications Met)

Reviewed by: _____ Date: _____