

**North Carolina Department of Health and Human Services  
North Carolina Division of Child Development and Early Education  
Workforce Change of Information Form (DCDEE.0120)**

**DCDEE Education Unit Use Only**

WFID#

This form can be completed and submitted to both the Workforce Education Unit and the Criminal Record Check Unit when you have a change of information in name, address and/or facility of employment. If you only need to request an education evaluation for a different child care position(s) or have an update in completed post-secondary education, submit this form only to the Workforce Education Unit. **Please note:** You must initially apply to the Workforce Education Unit by completing and submitting an Education and Equivalency Form prior to sending a Change of Information form. **Please print or type.**

<b>Required Fields (Complete all fields in this section)</b>		SSN (Last 4 Digits Only):	Email Address:	
Date of Birth (mm/dd/yy): / /	Current Legal Name (First, Middle Initial, Last):			
Current Home Mailing Address:		City:	State:	Zip Code:
Home Phone #: ( )	Cell Phone # (If Applicable): ( )	County of Residence:		

<b>A. Change of Name (Complete this section if your legal name has changed)</b>	Date Current Name Effective: / /
Previous Legal Name (First, Middle Initial, Last):	

<b>B. Change of Address (Complete this section if your mailing address has changed)</b>	Date Current Address Effective: / /		
Previous Home Mailing Address:	City:	State:	Zip Code:

<b>C. Change of Employment (Complete this section if your facility of employment has changed)</b>	Date Employed at this Facility: / /		
Name of Current Facility:	Facility ID # (on license):	Facility Telephone #: ( )	
Address of Current Facility:	City:	State:	Zip Code:
Name of Previous Facility:	Facility ID # (on license):	Date Employment Ended: / /	
Are you currently dual employed in more than one child care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list the Facility ID#(s) where you are currently employed: _____			

<b>D. Need evaluation of additional post-secondary education OR child care position(s)</b>	Attach all paperwork to qualify for the checked position(s), including all <b>NEW</b> college level official transcripts which have not been previously submitted to the Division of Child Development and Early Education, Workforce Education Unit.
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- Lead Teacher     Teacher     Family Child Care Home Provider     Group Leader     Program Coordinator

**Note: If the change of child care position is for an Administrator, then you must submit an original NC Child Care Administrators Education and Equivalency Form (DCDEE.0173) to be evaluated for qualification as an Administrator.**

**Mail to:** NC DCDEE  
Attn: Education Unit **OR**  
Attn: Criminal Record Check Unit  
2201 Mail Service Center  
Raleigh, NC 27699-2201

**Questions:** Education Unit  
919-662-4567  
Criminal Record Check Unit  
919-773-2856  
DCDEE: 1-800-859-0829

**Website:** [www.ncchildcare.net](http://www.ncchildcare.net)

**Comments:**