

Gateways to Opportunity® Direct Route Credentials Supplement Application ECE and Infant Toddler Credential

For questions and additional information about the Gateways Credential Program please call 866.697.8278 or visit us at www.ilgateways.com. **Please read through the Frequently Asked Questions before completing this application.** Please complete in blue or black ink.

Credential(s) applying for:

Level 1 Credential

This Credential is automatically awarded to individuals who have completed the specified ECE Credential Level 1 training modules. There is no fee for this Credential.

Level 2–5 Credentials (\$65 Credential fee required)

Practitioners may be sent documentation to complete and submit that validates competencies and experience to the Gateways to Opportunity office.

- ECE Credential
 - New
 - Renewal
 - Level Advancement
- Infant Toddler Credential
 - New
 - Renewal
 - Level Advancement

Level 6 Credentials (\$65 Credential fee required)

(Please note: A Graduate Degree is required for an ECE or Infant Toddler Credential Level 6)

- ECE Credential
 - New
 - Renewal
 - Level Advancement
- Infant Toddler Credential
 - New
 - Renewal
 - Level Advancement

Do you have a valid Professional Education License with endorsement in ECE (formerly Type 04 Certificate)?

- Yes No

How did you first learn about Gateways to Opportunity Credentials? (check only one)

- Center Director Local Child Care Resource & Referral Conference/Presentation
 Mailing Co-Worker Provider Association
 Website/Social Networking Professional Development Advisor (PDA) Other _____

APPLICANT SIGNATURE

I verify that I have read this paragraph and that all information provided is true and accurate. By signing below I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted. I understand that the Illinois Department of Human Services may use my name and application information for research/evaluation purposes. I understand that any false or misleading statements or subsequent documentation may constitute grounds for denial or subsequent withdrawal of any Gateways to Opportunity Credential. *Additional information may be required.*

Print Name: _____

Applicant Signature: _____ Date: _____

Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701

PROGRAM INFORMATION (TO BE COMPLETED BY PROGRAM DIRECTOR OR OWNER)

(If you are not currently employed in the field of Early Care and Education, you may skip this section)

Director/Owner Name: _____

Site Name: _____

Current Enrollment: _____

Credential Applicant's Job Title/Position: _____

Age group currently served by Credential Applicant: *(check only one)*

- Infants/Toddlers (0–3)
- Preschool (3–5)
- School-Age (5–12)
- Administration

Position start date: _____

Hours worked per week: _____ Weeks worked Per year: _____

Description of job roles and responsibilities: _____

EMPLOYER SIGNATURE

I verify that I have read, and understood this paragraph and that all the employer and employee information provided herein is true and accurate. Additionally, I verify that I have not manipulated employee job titles or descriptions in order for the named employee to become eligible for a Gateways Credential. By signing below, I understand the Illinois Department of Human Services (IDHS) and INCCRRA will use my signature as authorization to review the employer and personnel records and any other applicable files and records. IDHS may ban employer participation if an employer has submitted false or misleading information and or documentation, or manipulated employee information in any manner.

Print Name: _____

Employer Signature: _____ Date: _____

Gateways to Opportunity Credential Supplement Checklist & Required Documentation

Please use the checklist provided to ensure that you have submitted all of the necessary documents needed to successfully complete your application. **Any missing documentation will delay the application process and could result in a closed application.** Upon review of your application additional documentation may be required.

NEW Applicants - ECE Credential and Infant Toddler Credential

Required Documentation

Enclosed On File at INCCRRA

All Applicants

- | | | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | Information Update Form and Gateways Direct Route Supplement Application |
| <input type="radio"/> | <input type="radio"/> | \$65 Credential Fee <ul style="list-style-type: none">• If paying by credit card, visit the Gateways Registry website at registry.ilgateways.com• All checks made payable to INCCRRA• Credential fees are non-refundable and non-transferrable |
| <input type="radio"/> | <input type="radio"/> | Official transcripts from accredited college(s) or university(s) <ul style="list-style-type: none">• If INCCRRA already has your official transcript on file, you do not need to resend• Official transcripts can be submitted electronically to transcripts@incrra.org |

Center Staff Applicants

- | | | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Gateways Credential Work & Practical Experience Verification Form
- OR - |
|-----------------------|-----------------------|---|

Family Child Care Home Applicants

- | | | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Gateways Credential Proof of Care Family Child Care Providers Parent/Guardian Statement Form <ul style="list-style-type: none">• Form must be completed by two different families with children in your program |
| <input type="radio"/> | <input type="radio"/> | Copies of your Illinois Department of Children and Family Services (IDCFS) license for the years of experience to be counted |

For questions and additional information about the Gateways Scholarship Program please call 866.697.8278 or visit us at www.ilgateways.com.

Mail completed application and required documentation to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701

RENEWAL Applicants - ECE Credential, Infant Toddler Credential, and Illinois Director Credential

Required Documentation

Enclosed On File at INCCRRA

All Applicants

- | | | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | Information Update Form and Gateways Direct Route Supplement Application |
| <input type="radio"/> | <input type="radio"/> | \$65 Credential Fee <ul style="list-style-type: none">• If paying by credit card, visit the Gateways Registry website at registry.ilgateways.com• All checks made payable to INCCRRA• Credential fees are non-refundable and non-transferrable |
| <input type="radio"/> | <input type="radio"/> | Official transcripts from accredited college(s) or university(s) <ul style="list-style-type: none">• If INCCRRA already has your official transcript on file, you do not need to resend• Official transcripts can be submitted electronically to transcripts@inccrra.org |

All Applicants – Supplementary Documentation

(For more detailed information regarding your renewal needs, please visit our website at www.ilgateways.com/index.php/renewal-level-advancement)

- | | |
|-----------------------|---|
| <input type="radio"/> | Copy of Professional Development Record, copies of certificates of completion, or official transcripts that verify completion of additional professional development hours within the last five years |
| <input type="radio"/> | Professional Contributions <ul style="list-style-type: none">• Must have been completed within the last five years |

For questions and additional information about the Gateways Scholarship Program please call 866.697.8278 or visit us at www.ilgateways.com.

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Gateways Credential

Work & Practical Experience—Verification Form

Please complete and have this form signed by a supervisor, director, or the Human Resources department to validate your work experience providing direct service to children.

1. Use a separate section for each role and age group.
2. Use a separate **form** for each employer.
3. NOTE: The Illinois Director Credential requires teaching **AND** administrative experience.

Personal Information

Name: _____ Registry Member ID: _____

Teaching Position: _____

Start Date (MO/YR): _____ End Date (MO/YR): _____

Hours per week: _____ x Weeks per year: _____ x # of years: _____ = Total Hours: _____

Infants/Toddlers (0–3) Preschool (3–5) School-Age (5–12)

Description of job roles and responsibilities: _____

Administrative Position: _____

Start Date (MO/YR): _____ End Date (MO/YR): _____

Hours per week: _____ x Weeks per year: _____ x # of years: _____ = Total Hours: _____

Administration

Description of job roles and responsibilities: _____

Contact Information

Contact Name: _____

Company Name: _____

Company Address: _____

Company Phone: _____

Signature and title of contact who can verify your work experience (other than yourself):

Date: _____

I verify that I have read, and understood this paragraph and that all the employer and employee information provided herein is true and accurate. Additionally, I verify that I have not manipulated employee job titles or descriptions in order for the named employee to become eligible for a Gateways Credential. By signing below, I understand the Illinois Department of Human Services (IDHS) and INCCRRA will use my signature as authorization to review the employer and personnel records and any other applicable files and records. IDHS may ban employer participation if an employer has submitted false or misleading information and or documentation, or manipulated employee information in any manner.

Participant Signature: _____ Date: _____

I verify that I have read this paragraph and that all information provided is true and accurate. By signing above, I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted. I understand that any false or misleading statements or subsequent documentation may constitute grounds for denial or subsequent withdrawal of any Gateways to Opportunity Credential. Additional information may be required.

Information Update Form

SECTION 1 - CONTACT / PERSONAL INFORMATION

The Information Update form is used to update your information. Please fill out the Information Update Form and the corresponding program supplement to participate in a Gateways program. For questions and additional information please call (866) 697-8278 or visit us at www.ilgateways.com.

First Name: _____ Middle Initial: _____

Last Name: _____

Has your name changed in the last 12 months? Yes No If yes, list previous name: _____

Person ID/Registry Member ID: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Please contact me at my: Home Address/Phone Work Address/Phone (if completing section 2)

SECTION 2 – CURRENT EMPLOYMENT

Please complete this section only if you are currently in part-time or full-time paid employment in the fields of Early Care and Education, School-Age, Youth Development, or Early Childhood Family Support. **If this does not apply to you, please skip this section.**

Employer Business Name: _____

Work Site Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Work Phone: _____ Work Fax: _____

Type of Program: (check only one)

- | | |
|--|---|
| <input type="radio"/> Child Care Center | <input type="radio"/> School-Age/Youth Development Program Only |
| <input type="radio"/> Family Child Care Home | <input type="radio"/> Public or Private School |
| <input type="radio"/> Group Family Child Care Home | <input type="radio"/> Child Care Resource & Referral (CCR&R) |
| <input type="radio"/> Head Start | <input type="radio"/> Other _____ |

This program is: Licensed by Illinois Department of Children and Family Services* License-Exempt N/A

*If Licensed, License ID number: _____ Licensed Capacity: _____

Date Employment Began: *(with this employer)* _____

Current Position Title: _____ Position Code: _____

Current Position Start Date: _____ *(refer to below)*

Hours worked per week: _____ Weeks worked per year: _____

Position Codes <i>(to be used above)</i>	
Direct Services to Children	
1. Director and/or Administrator (one-site)	10. Group Family Child Care Provider
2. Assistant Director	11. Group Family Child Care Assistant
3. Director/Teacher	12. School-Age Child Care Teacher
4. Teacher	13. School-Age Child Care Assistant
5. Assistant Teacher	14. Youth Development Practitioner
6. Teacher Aide (Preschool for All)	15. Other Direct Service
7. Substitute/Floater	23. Home Visitors
8. Family Child Care Provider	24. Home Visitor Supervisor
9. Family Child Care Assistant	25. Family, Friend, or Neighbor Caregiver
Indirect Services	
16. Director/Administrator (multi-site)	20. Education/Curriculum Coordinator
17. CCR&R Staff	21. Consultant
18. Higher Education Faculty/Staff	22. Other Indirect Services
19. Trainer	

Ages of Children You Currently Work With *(Family Child Care check all that apply, others check only one.)*

- Infant *(6 wks-14 months)*
- Toddler *(15-23 months)*
- Twos *(24-35 months)*
- Preschool *(3-5 years)*
- School-Age *(K-12 years)*
- Youth *(13-21 years)*
- Not Applicable *(N/A)*

SECTION 3 – APPLICANT SIGNATURE

I verify that all information provided is true and accurate. I understand that INCCRRA or the Illinois Department of Human Services may use my information for research/evaluation purposes. For more information, please view the Privacy Policy at: www.ilgateways.com. I also understand that I will become a member of the Gateways to Opportunity Registry. I understand that periodically a **limited** amount of my Registry record information may be released to IDCF, IDHS, OECD and/or my program administrator in order to verify compliance with State requirements and/or ExceleRate Illinois standards. This information would be related to my Registry membership being current; number of training hours completed; and/or status or completion of certain training, formal education or credentials as required by the State and/or ExceleRate.

Print Name: _____

Applicant Signature: _____ **Date:** _____

If applicant is under the age of 18, a parent or legal guardian signature is required below.

Print Name: _____

Parent/Legal Guardian: _____ **Date:** _____

Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701