### North Carolina Division of Child Development and Early Education Public School Preschool Staff Education Form for Teacher/Teacher Assistant (DCDEE.0171) (See Instruction Page) Please print or type.

| A) Applicant Information — Fill in every blank or write N/A.<br>SSN (   |  |                | Last 4 Digits Only):                      |              |            | Date of Birth (mm/dd/yy): |                   |
|---|--|----------------|---|--------------|------------|---------------------------|-------------------|
| Electronically apply for position(s) in your DCDEE WORKS account.   |  |                |   |              |            |                           |                   |
| Check one: Teacher  | _ Teacher Assistant                        |                |   |              | 1          | 1                         |                   |
| First Name (No Nicknames): Legal Last Name:   |  |                | Previous Names:                           |              |            |                           |                   |
|   |  |                |   |              |            |                           |                   |
| Home Mailing Address (Include Apartment or Lot # if applicable):  |  |                | City (No Abbreviations): State: Zip Code: |              |            |                           |                   |
|   |  |                |   |              |            |                           |                   |
| Home Phone #: Cell Phone #:   |  |                | County of Residence:                      |              |            |                           |                   |
| ( )   |  |                |   |              |            |                           |                   |
| Email Address:  |  |                |   |              |            |                           |                   |
|   |  |                |   |              |            |                           |                   |
|   |  |                |   | <b>F</b> = - |            | ( D(                      |                   |
| B) School Information – Fill in every blank or write N/A  |  |                |   | Гас          | ility ID # | (on DC                    | CDEE license):    |
| L.E.A. Name:  |  |                |   |              |            |                           |                   |
|   |  |                |   |              |            |                           |                   |
| School Name:  |  |                |   |              |            |                           |                   |
|   |  |                |   |              |            |                           |                   |
| School Mailing Address:   |  |                | City:                                     |              | St         | ate:                      | Zip Code:         |
|   |  |                |   |              |            |                           |                   |
| Telephone #:  |  | Fax #:         |   |              |            |                           |                   |
|   |  |                |   |              |            |                           |                   |
| Type of Program (check all appropriate  | -  | _              | <b>—</b> -                                |              |            |                           |                   |
| Preschool Education   | Even Start Head St                         |                | _   | eptional (   |            |                           | L Title I         |
| Developmental Day Facility (also ch   |  | - 3 years      | 3   | years & o    | older      |                           | School-Age        |
| NCPreK  | Other (Specify):                           |                |   |              |            |                           |                   |
| C) Educational Background – Complete high school information and all requested experience and post secondary (college   |  |                |   |              |            |                           |                   |
| level) education information bel  |  |                |   |              |            |                           |                   |
| accepted as proof of education.   Upload official transcripts and DPI licenses to your DCDEE WORKS account.     High School Information (Required):   Image: Comparison of the provided HS Diploma in the pr |  |                |   |              |            |                           |                   |
| High School Information (Required):   | ·  |                | •   |              | GED        | L                         | None              |
| Attained Credentials/Degrees/Certifica  | tes/Licenses (please check <u>all</u> appi | ropriate       | boxes):                                   |              |            | _                         |                   |
| NC Early Childhood<br>Credential or Equivalent  | AAS/ECE or higher                          |                | <u>Standard*</u> Pr                       |              |            |                           | <u>ndard*</u> B-K |
| Credential or Equivalent Add-On Certificate License   If you do not hold one of the above, please list degree(s) attained or in progress AND upload your official transcript(s) to your   |  |                |   |              |            |                           |                   |
| DCDEE WORKS account:  |  |                |   |              |            |                           |                   |
| AA/AAS Major:   | BA/BS Major:                               | : MA/MS Major: |   |              | 🗌 Ed       | D/PhD                     | Major:            |
| I certify that I have reviewed the  | e official personnel documentatio          | n for the      | e employee l                              | listed on    | this forn  | n and v                   | erify that the    |
| information contained therein is  |  |                |   |              |            |                           |                   |
|   |  |                |   |              |            |                           |                   |
|   |  |                |   |              |            |                           |                   |
| Signature Check one: Principal of the School <u>or</u> Superintendent of Schools Date   |  |                |   |              |            |                           | ate               |
|   |  |                |   |              |            |                           |                   |
| Printed Name  |  |                |   |              |            |                           |                   |
| Printed Name  |  |                |   |              |            |                           |                   |
| If this application is not signed by  | aithor the Principal of the Schoo          |                | orintondont                               | of Schoo     | le the a   | anlican                   | t must complete   |
| the form, sign/date below and sul   |  |                |   |              | is, the a  | prican                    | it must complete  |
| <u>_</u>  |  |                |   |              |            |                           |                   |
|   | I attest to the accuracy of th             | ie above       | e informatior                             | 1.           |            |                           |                   |
|   | I attest to the accuracy of th             | e above        | Information                               | 1.           |            |                           |                   |
| Applicant's Signature   | I attest to the accuracy of th             | ie above       | Information                               |              |            |                           |                   |
| Applicant's Signature   | I attest to the accuracy of th             |                |   | Date _       |            | hic/b/                    |                   |

#### <u>Instructions for Completing the</u> <u>North Carolina Division of Child Development and Early Education</u> <u>Public School Preschool Staff Education Form for Teacher/Teacher Assistant (DCDEE.0171)</u>

**Purpose:** By agreement between the Division of Child Development and Early Education and the Department of Public Instruction, education verification without proof by receipt of official transcripts is only valid if this form is completed by <u>the Principal of the School or the Superintendent of the School System</u> and attested to by the signature of that person on page 1. If the program is not located in a school, the Superintendent of the School System is required to complete and sign this form. No other person in any other position is authorized to sign this form.

## Note: This qualification is for education requirements only. It does <u>not</u> indicate compliance with age, pre-service, criminal record, medical, in-service training requirements or having met any additional standards set forth by the Department of Public Instruction.

### Please read these instructions carefully. Retain a copy of this form and any attached documentation for your records.

**General Instructions:** Print clearly in ink or type your answers. If a question does not apply to you, write N/A ("Not Applicable") in the space. **Incomplete forms will delay processing of your education evaluation**.

**Section A. Teacher/Teacher Assistant Applicant Information:** Indicate the position for which you are asking to be qualified. Complete all requested information in this section. Please include your maiden name (if applicable). Do not abbreviate street names, cities or counties.

**Section B. School Information:** Please provide all the requested information. The facility ID # can be found on the license issued by the Division of Child Development and Early Education. If the facility is a developmental day facility, please indicate the age group in which you currently work.

**Section C. Educational Background:** Check <u>ALL</u> applicable spaces to indicate completion of high school and any of the credentials, post-secondary (college level) degrees, certificates and/or licenses earned as of the date this form is uploaded to your DCDEE WORKS account. **High school completion information is required no matter what level of education has been attained.** 

Teacher (assigned to classroom and responsible for daily plans, etc.)

Minimum requirements: Must have attained a NC Early Childhood Credential (NCECC) or its equivalent

**Enhanced requirements:** Must have attained an AAS in Early Childhood Education (ECE) or higher, or a <u>standard\*</u> Preschool Add-On License or a <u>standard\*</u> B-K License

**Developmental Day Program:** During the 10-month school year, 1) each group of preschool children aged three and older shall have at least one teacher who holds a standard professional I or provisional B-K license or a Preschool Add-On license; and 2) each group of school age children shall have at least one teacher who holds state certification as a Special Education Teacher.

**<u>Teacher Assistant</u>** (assigned to classroom for educational support) *Minimum requirements:* 18 years old and have attained a high school diploma *Enhanced requirements:* NCECC or its equivalent

# All Teachers and Teacher Assistants who have not attained (or who are in the process of attaining) the above license(s) or certification(s) must upload their <u>college level transcripts</u> in their DCDEE WORKS account. Such individuals may be contacted to submit additional information for the evaluation to be completed.

<u>Evaluations are completed with uploaded official transcripts from **accredited** post-secondary schools only. **Accredited** is defined as an institution of higher education having nationally recognized regional accreditation by one of the six regional accrediting agencies. (For schools outside the U.S.A., the recognized system of the specified country's accreditation process will be accepted.) Refer to the DCDEE website for accreditation links.</u>

**NOTE:** If this form is not appropriately signed by the Principal of the School or Superintendent of the School System, the applicant must sign the application on page 1 and mail official transcripts and upload any applicable DPI license in your DCDEE WORKS account for the evaluation process to proceed.

\*We will only accept standard licenses. <u>Provisional</u> Pre-K Add-On or B-K licenses require official transcripts to be uploaded in your DCDEE WORKS account for education verification.

Mail official transcripts, if applicable, to: NC Division of Child Development and Early Education Workforce Education Unit 2201 Mail Service Center Raleigh, NC 27699-2200

**Questions?** Call the Workforce Education Unit 919-527-6600 or 1-800-859-0829

Website: www.ncchildcare.nc.gov