

North Carolina Division of Child Development
Education and Equivalency Form for Child Care Providers (DCD.0169)
 (Use for all positions except Administrator – See Instruction Pages) Please print or type.

DCD Use Only
WFID# _____

Applicant Information – Fill in every blank or write N/A		SSN (Last 4 Digits Only): _____	Date of Birth (mm/dd/yy): / /	
Mr./Ms.	First Name:	MI:	Last Name:	
Maiden Name:		Email Address:		
Home Mailing Address (Include Apartment or Lot # if applicable):			City:	State: Zip Code:
Home Phone #: ()	Cell Phone #: ()	County of Residence:		

B) Facility Information – Fill in every blank or write N/A		Date Employed at Facility: / /	County of Employment:	
Facility ID # (on license):	Name of Facility:	Facility Phone #: ()		
Facility Address:		City:	State:	Zip Code:
Current Position: <input type="checkbox"/> Director <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> FCCH Provider <input type="checkbox"/> Group Leader <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Other _____			Date Employed in Current Position: / /	

C) Educational Background – Check high school information & completed degrees. Attach ALL college level official transcripts. Photocopies, student or internet copies and grade reports are NOT accepted.				
High School Information (Required): <input type="checkbox"/> HS Diploma <input type="checkbox"/> Adult HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> None				
<input type="checkbox"/> AA/AAS	Major:	College:		
<input type="checkbox"/> BA/BS	Major:	College:		
<input type="checkbox"/> MA/MS	Major:	College:		
<input type="checkbox"/> EdD/PhD	Major:	College:		

D) Educational Qualification – Check the position(s) for which you are applying to be qualified. Then check the option(s) for how you think you will meet qualifications. See instruction page for the education requirements of each position.				
Position	Qualification Options (Attach Documentation)			
<input type="checkbox"/> Lead Teacher	<input type="checkbox"/> NC Early Childhood Credential	<input type="checkbox"/> Equivalency Option		
<input type="checkbox"/> Teacher	<input type="checkbox"/> HS only	<input type="checkbox"/> ECE Coursework	<input type="checkbox"/> Lead Teacher qualified	
<input type="checkbox"/> FCCH Provider	<input type="checkbox"/> HS only	<input type="checkbox"/> ECE Coursework	<input type="checkbox"/> NC Family Child Care Credential	<input type="checkbox"/> Lead Teacher qualified
<input type="checkbox"/> Group Leader	<input type="checkbox"/> HS + BSAC		<input type="checkbox"/> Currently Enrolled in BSAC	
<input type="checkbox"/> Program Coordinator	<input type="checkbox"/> 2 sch Child/Youth Dev AND 2 sch School-Age Programming		<input type="checkbox"/> School-Age Child Care Credential	
	<input type="checkbox"/> Lead Teacher + BSAC		<input type="checkbox"/> Admin + BSAC	

This statement must be signed and dated by the applicant: I attest to the accuracy of the above information.

Signature _____ Date _____

Applicant should retain a copy of this form and any attached documentation for his/her records.