

Gateways to Opportunity® Credentials

Supplement Application

Technical Assistance 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.

Please note: The Technical Assistance Credential requires a minimum of an associate's degree AND any current Gateways Credential Level 4 or higher or Illinois Director Credential.

Technical Assistance Credential

Level 4–6 (\$65 application fee required)

☐ New ☐ Renewal ☐ Level Advancement

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

Gateways Technical Assistance Credential

Credential Information

The Technical Assistance Credential is designed for professionals in Illinois working in a variety of roles that relate to relationship-based professional development.

The Technical Assistance Credential is a symbol of professional achievement that validates those who:

- Act as a coach, mentor, consultant, and/or technical assistance provider
- Utilize relationship-based methods to recognize and build on strengths and capacities of practitioners and programs
- Understand principles of adult learning
- Exhibit commitment to the use of evidence-based practices when providing services to others
- Demonstrate action in pursuit of their own professional development

The Technical Assistance Credential requires work experience in an area of specialization, as well as relationship-based coaching, mentoring, and technical assistance work experience.

- Your area of specialization indicates that you have in-depth knowledge in a specific area. Any Gateways Credential Level 4 or higher or Illinois Director Credential Level I or higher determines your area of specialization.

NAEYC Definitions

Technical Assistance (TA) is the provision of targeted and customized supports by a professional(s) with subject matter and adult learning knowledge and skills to develop or strengthen processes, knowledge application, or implementation of services by recipients.

Examples: Help teacher arrange classrooms based on the ECERS-R tool, help a program towards accreditation, inform teachers on the ExceleRate process.

Mentoring is a relationship-based process between colleagues in similar professional roles, with a more-experienced individual with adult learning knowledge and skills, the mentor, providing guidance and example to the less-experienced protégé or mentee. Mentoring is intended to increase an individual's personal or professional capacity, resulting in greater professional effectiveness.

Examples: Support protégés who are new to the field, improve retention of new and/or experienced teachers, help translate coursework theory into classroom practice.

Coaching is a relationship-based process led by an expert with specialized and adult learning knowledge and skills, who often serves in a different professional role than the recipient(s). Coaching is designed to build capacity for specific professional dispositions, skills, and behaviors and is focused on goal-setting and achievement for an individual or group.

Example: Supports the development of specific skills and practices with a focus on performance-based outcome(s).

Gateways Technical Assistance Credential

Relationship-based Coaching, Mentoring or Technical Assistance Work Experience—Verification Form

Name: _____ Registry Member ID: _____

Please complete this form to validate your work experience as a relationship-based coach, mentor, or technical assistance provider. **Use a separate form for each work experience/position.**

Step 1: Work Experience/Position *(check only one)*

- | | | |
|--|---|---|
| <input type="radio"/> Quality Specialist | <input type="radio"/> Lead Teacher/Mentor | <input type="radio"/> Director |
| <input type="radio"/> Infant Toddler Specialist | <input type="radio"/> Consultant | <input type="radio"/> Program Coordinator |
| <input type="radio"/> Family Child Care Provider | <input type="radio"/> Program Coordinator | <input type="radio"/> Other: _____ |

Position Start Date: _____ End Date: _____

Example: Consultant works 40 hours per week on various projects. 6 hours per week is spent directly in an **intentional relationship-based coaching** role with an additional 1.5 hours of preparation and follow-up. Total hours per week would be 7.5 hours providing relationship-based professional development to providers. **Please note: Intentional relationship-based coaching and mentoring is typically a small portion of full-time job duties as illustrated using the formula below.**

Please complete your experience in this position below:

_____ hours per week in direct service as a relationship-based coach, mentor, or technical assistance provider.

_____ weeks worked per year.

_____ total years in this position.

Step 2: Work Experience Documentation *(check only one)*

Please include one of the following to evidence your relationship-based coaching, mentoring, and technical assistance experience:

- | | |
|--|------------------------------------|
| <input type="radio"/> Written or typed statement about your relationship-based coaching, mentoring, and technical assistance work experience. (The NAEYC definitions are attached for your reference.) | |
| <input type="radio"/> Job description | <input type="radio"/> Resume |
| <input type="radio"/> Scope of Work/Contract | <input type="radio"/> Other: _____ |

Gateways Technical Assistance Credential

Technical Assistance Work Experience—Written Statement

Step 3: Area of Specialization

Your area of specialization indicates that you have in-depth knowledge in a specific area. Any Gateways Credential Level 4 or higher or Illinois Director Credential Level I or higher determines your area of specialization.

- | | |
|---|--|
| <input type="radio"/> ECE | <input type="radio"/> Family Child Care |
| <input type="radio"/> Infant Toddler | <input type="radio"/> Family Specialist |
| <input type="radio"/> ECE/School-Age Administration | <input type="radio"/> School-Age and Youth Development |

Step 4: Technical Assistance Experience Verification

Please provide the name and contact information for someone that could verify your **experience as a relationship-based coach, mentor, or technical assistance provider**. (Examples include: current or previous employers or professional colleagues.) Please note: we may contact to verify.

Contact Name: _____

Email: _____ Phone: _____

Affiliation to applicant (*How is this contact knowledgeable about your experience as a relationship-based coach, mentor, or technical assistance provider?*):

Participant Signature: _____ **Date:** _____

By signing the above, I verify that the information provided herein is accurate and correct to the best of my knowledge. I understand false or misleading statements or subsequent documentation may constitute grounds for denial of a Gateways to Opportunity Credential.

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 *(to be used above)*

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.)*

- | | |
|---|--|
| <input type="radio"/> Infant <i>(6 wks-14 months)</i> | <input type="radio"/> School-Age <i>(K-12 years)</i> |
| <input type="radio"/> Toddler <i>(15-23 months)</i> | <input type="radio"/> Youth <i>(13-21 years)</i> |
| <input type="radio"/> Twos <i>(24-35 months)</i> | <input type="radio"/> Not Applicable <i>(N/A)</i> |
| <input type="radio"/> Preschool <i>(3-5 years)</i> | |

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 IDCFS, 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