

# 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](http://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.

- ECE
- Family Child Care
- Infant Toddler
- Family Specialist
- ECE/School-Age Administration
- 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?*):

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**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](http://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>	
<b>Direct Services to Children</b>	
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
<b>Indirect Services</b>	
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](http://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:** \_\_\_\_\_

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