

# Gateways to Opportunity® Credentials Application

For questions and additional information about the Gateways Credential Program please email [credentials@ilgateways.com](mailto:credentials@ilgateways.com) or visit us at [www.ilgateways.com/credentials](http://www.ilgateways.com/credentials).

**All Gateways Credentials are free to those who live and/or work in Illinois.**

## Step 1: Apply

Credential Type:	This Credential is for...	Circle One Per Credential Type:		
ECE Credential	ECE Educators Birth – age 8	New	Level Advance	Renewal
Infant Toddler Credential	Infant Toddler Educators Birth to age 3	New	Level Advance	Renewal
Family Child Care Credential	Family Child Care Providers	New	Level Advance	Renewal
Illinois Director Credential	Center Directors or Assistant Directors	New	Level Advance	Renewal
Technical Assistance Credential	Professional Development Coaches/Mentors	New	Level Advance	Renewal
ESL & Bilingual Credential	ECE Educators serving multilingual/multicultural children & families	New	Level Advance	
School-Age & Youth Development Credential	Educators serving Kindergarten through age 17	New	Level Advance	Renewal
Family Specialist Credential	Social Workers/Home Visitors/Parent Educators	New	Level Advance	Renewal

## Step 2: Submit all Official Transcripts

Official transcripts from accredited college(s) or university(s) can be submitted electronically to [transcripts@inccrra.org](mailto:transcripts@inccrra.org)

## Step 3: A Current Gateways Registry Membership is required

Registry Member ID: \_\_\_\_\_

Is your Registry Membership current? If **no**, renew online at [registry.ilgateways.com](http://registry.ilgateways.com)

Yes No

### Optional:

Do you have a valid CDA? (Copy enclosed)

Yes No

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

Yes No

Do you have a valid Professional Educator License with an endorsement in Elementary Education (formerly Type 03 Certificate)?

Yes No

Do you have a Bachelor's or Master's degree in Social Work?

Yes No

## 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.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Email completed application to: [credentials@ilgateways.com](mailto:credentials@ilgateways.com) OR**

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

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

#### 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 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 Ave • Bloomington, IL 61701**