

# 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)

Child Care Center

Family Child Care Home

Group Family Child Care Home

Head Start

School-Age/Youth Development Program Only

Public or Private School

Child Care Resource & Referral (CCR&R)

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)*

School-Age *(K-12 years)*

Toddler *(15-23 months)*

Youth *(13-21 years)*

Twos *(24-35 months)*

Not Applicable *(N/A)*

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 IDCFCS, 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 Ave • Bloomington, IL 61701**