

# Gateways to Opportunity® Credentials Application

2020

For questions and additional information about the Gateways Credential Program please call 866.697.8278 or visit us at [www.ilgateways.com/credentials](http://www.ilgateways.com/credentials).

**Credential Applications are FREE for a limited time through funding provided by the Preschool Development Grant. This is on a first come, first served basis for applicants seeking a new Credential or Level Advancement.**

## Step 1: Apply

Column A	Column B (You may select one specialization at no cost) Please note: You may be charged \$65 for each additional specialization
<input type="radio"/> ECE Credential – New/Level Advance	<input type="radio"/> Infant Toddler Credential – New/Level Advance <input type="radio"/> Family Child Care Credential – New/Level Advance <input type="radio"/> Illinois Director Credential – New/Level Advance <input type="radio"/> Technical Assistance Credential – New/Level Advance

## Step 2: Submit all Official Transcripts

Official transcripts from accredited college(s) or university(s) are required

- Official transcripts can be submitted electronically to [transcripts@inccrra.org](mailto:transcripts@inccrra.org)
  - Enclosed
  - On File at INCCRRA

## 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

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

- 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 Plaza • Bloomington, IL 61701**

# Gateways Credential

## Work & Practical Experience—Verification Form

Please complete and have this form signed by a supervisor, director, or the Human Resources department to validate your work experience providing direct service to children.

1. Use a separate section for each role and age group.
2. Use a separate **form** for each employer.
3. NOTE: The Illinois Director Credential requires teaching **AND** administrative experience.

### Personal Information

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

Teaching Position: \_\_\_\_\_

Start Date (MO/YR): \_\_\_\_\_ End Date (MO/YR): \_\_\_\_\_

Hours per week: \_\_\_\_\_ x Weeks per year: \_\_\_\_\_ x # of years: \_\_\_\_\_ = Total Hours: \_\_\_\_\_

Infants/Toddlers (0–3)  Preschool (3–5)  School-Age (5–12)

Description of job roles and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Administrative Position: \_\_\_\_\_

Start Date (MO/YR): \_\_\_\_\_ End Date (MO/YR): \_\_\_\_\_

Hours per week: \_\_\_\_\_ x Weeks per year: \_\_\_\_\_ x # of years: \_\_\_\_\_ = Total Hours: \_\_\_\_\_

Administration

Description of job roles and responsibilities: \_\_\_\_\_

\_\_\_\_\_

### Contact Information

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_

### Signature and title of contact who can verify your work experience (other than yourself):

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

I verify that I have read, and understood this paragraph and that all the employer and employee information provided herein is true and accurate. Additionally, I verify that I have not manipulated employee job titles or descriptions in order for the named employee to become eligible for a Gateways Credential. By signing below, I understand the Illinois Department of Human Services (IDHS) and INCCRRA will use my signature as authorization to review the employer and personnel records and any other applicable files and records. IDHS may ban employer participation if an employer has submitted false or misleading information and or documentation, or manipulated employee information in any manner.

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

I verify that I have read this paragraph and that all information provided is true and accurate. By signing above, I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted. 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.

# 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.)*

- |   |  |
|---|--|
| <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](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 IDCF, 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**