Gateways to Opportunity® Credentials Application

For questions and additional information about the Gateways Credential Program please email credentials@ilgateways.com or visit us at *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 Renewal
☐ 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

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* ☐ 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 above, I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted, including the request for additional documentation. I understand that an individual determined to have submitted fraudulent, altered, or false documentation or information will be banned from INCCRRA administered programs for a time period to be determined by the Illinois Department of Early Childhood (IDEC). Any benefit received by or paid on behalf of the individual as a result of fraudulent, altered, or false documentation or information must be reimbursed to INCCRRA by the individual as determined by IDEC.

Print Name: _____

Signature: _____ **Date:** _____

Email completed application to: *credentials@ilgateways.com* ***OR***
Mail completed application to: *INCCRRA/Applications • 1226 Towanda Avenue • Bloomington, IL 61701*

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Gateways to Opportunity® Illinois Professional Development System

Administered through inccrra

Illinois Department of Early Childhood

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)*

☐ 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 _____

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This program is: ☐ Illinois Child Care Licensed* ☐ License-Exempt ☐ N/A

*If Licensed, License ID number: _____ Licensed Capacity: _____

Date Employment Began: *(with this employer)* _____

Current Position Title: _____ Position Code: _____ *(refer to below)*

Current Position Start Date: _____

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)
2. Assistant Director
3. Director/Teacher
4. Teacher
5. Assistant Teacher
6. Teacher Aide (Preschool for All)
7. Substitute/Floater
8. Family Child Care Provider
9. Family Child Care Assistant
10. Group Family Child Care Provider
11. Group Family Child Care Assistant
12. School-Age Child Care Teacher
13. School-Age Child Care Assistant
14. Youth Development Practitioner
15. Other Direct Service
23. Home Visitors
24. Home Visitor Supervisor
25. Family, Friend, or Neighbor Caregiver

Indirect Services

16. Director/Administrator (multi-site)
17. CCR&R Staff
18. Higher Education Faculty/Staff
19. Trainer
20. Education/Curriculum Coordinator
21. Consultant
22. Other Indirect Services

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 in this application is true and accurate. Additionally, I verify that I understand the eligibility requirements of the Gateways Scholarship Program and that INCCRRA may verify information submitted including my employment, enrollment, academic standing and credential status through the Gateways Registry, my employer, and my institution of higher education. I understand that INCCRRA and/or IDEC 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 IDEC 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 Avenue • Bloomington, IL 61701*

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