

Gateways to Opportunity®

Credentials Application – Renewal

For questions and additional information about the Gateways Credential Program please call 866.697.8278 or visit us at www.ilgateways.com/credentials.

Step 1: Select all Credentials you want to Renew

Credential Renewals 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 to renew one or more credentials.

Please note: The School-Age and Youth Development Credential has a separate application.

ECE Credential &/or Infant Toddler Credential

Family Child Care Credential

Illinois Director Credential

Family Specialist Credential

Technical Assistance Credential

Step 2: Update your Professional Development Record (PDR)

Registry-Verified trainings on your PDR will be used to verify training hours for renewal

If applicable, send official transcripts from accredited college(s) or university(s) if **new** coursework has been taken

- Official transcripts 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

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 OR

Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • 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.

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 <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. 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: _____

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