For questions and additional information about the Gateways Credential Program please call 866.697.8278 or visit us at www.ilgateways.com. Please read through the Frequently Asked Questions before completing this application. Please complete in blue or black ink.

Please note: A completed degree is required for an Illinois Director Credential.

Level I–III Credential ($65 application fee required)
Practitioners may be asked to send documentation of their education and/or work experience to INCCRRA.

☐ New ☐ Renewal ☐ Level Advancement

Do you have a valid Professional Educator License with endorsement in ECE (formerly Type 04 Certificate)?
☐ Yes ☐ No

How did you first learn about Gateways to Opportunity Credentials? (check only one)
☐ Center Director ☐ Local Child Care Resource & Referral ☐ Conference/Presentation
☐ Mailing ☐ Co-Worker ☐ Provider Association
☐ Website/Social Networking ☐ Professional Development Advisor (PDA) ☐ Other ________________________

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. Additional information may be required.

Print Name: __________________________________________________________________________________

Applicant Signature: ___________________________________________ Date: ___________________________

Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701
PROGRAM INFORMATION (TO BE COMPLETED BY PROGRAM DIRECTOR OR OWNER)
(If you are not currently employed in the field of Early Care and Education, you may skip this section)

Director/Owner Name: ________________________________________________________________

Company Name: ___________________________________________________________________

Company Phone: _____________________________

Credential Applicant’s Job Title/Position: ______________________________________________

Age group currently served by Credential Applicant: (check only one)
☐ Infants/Toddlers (0–3)
☐ Preschool (3–5)
☐ School-Age (5–12)
☐ Administration

Position start date: __________________________________

Hours worked per week: _________________________  Weeks worked Per year: ______________________

Description of job roles and responsibilities: ____________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

EMPLOYER SIGNATURE

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.

Print Name: __________________________________________________________________________

Employer Signature: ____________________________________________ Date: ____________________
Gateways to Opportunity Credential Supplement Checklist & Required Documentation

Please use the checklist provided to ensure that you have submitted all of the necessary documents needed to successfully complete your application. Any missing documentation will delay the application process and could lead to ineligibility to participate in the program. Upon review of your application additional documentation may be required.

NEW Applicants - Illinois Director Credential
Required Documentation

<table>
<thead>
<tr>
<th>Enclosed</th>
<th>On File at INCCRRA</th>
</tr>
</thead>
</table>

**All Applicants**

- Information Update Form and Gateways Direct Route Supplement Application
- $65 Application Fee
  - If paying by credit card, visit the Gateways Registry website at registry.ilgateways.com
  - All checks made payable to INCCRRA
  - Application fees are non-refundable and non-transferrable
- Official transcripts from accredited college(s) or university(s)
  - If INCCRRA already has your official transcript on file, you do not need to resend
  - Official transcripts can be submitted electronically to transcripts@inccrra.org

**Center Staff Applicants**

- Gateways Credential Work & Practical Experience Verification Form
- Illinois Director Credential Area of Specialized Expertise *(required only for the Illinois Director Credential Level III)*

**Family Child Care Home Applicants**

- Gateways Credential Proof of Care Family Child Care Providers Parent/Guardian Statement Form
  - Form must be completed by two different families with children in your program
- Illinois Director Credential Work & Practical Experience in Early Childhood/ School-Age Administration Verification Forms – Family Child Care Providers
- Two copies of your most recent employee(s) pay stub, or two copies of the most recent employee time sheet
- Copy of employee(s) W-2 or 1099 form(s)
- Copies of your Illinois Department of Children and Family Services (IDCFS) license for the years of experience to be counted
- Illinois Director Credential Area of Specialized Expertise *(required only for the Illinois Director Credential Level III)*

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

Mail completed application and required documentation to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701
RENEWAL Applicants - ECE Credential, Infant Toddler Credential, and Illinois Director Credential

Required Documentation

Enclosed

On File at INCCRRRA

All Applicants

- Information Update Form and Gateways Direct Route Supplement Application
- $65 Application Fee
  - If paying by credit card, visit the Gateways Registry website at registry.ilgateways.com
  - All checks made payable to INCCRRRA
  - \textit{Application fees are non-refundable and non-transferrable}
- Official transcripts from accredited college(s) or university(s)
  - If INCCRRRA already has your official transcript on file, you do not need to resend
  - Official transcripts can be submitted electronically to transcripts@inccrra.org

All Applicants – Supplementary Documentation

(For more detailed information regarding your renewal needs, please visit our website at www.ilgateways.com/index.php/renewal-level-advancement)

- Copy of Professional Development Record, copies of certificates of completion, or official transcripts that verify completion of additional professional development hours within the last five years

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

Mail completed application and required documentation to: INCCRRRA/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.
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  ○ School-Age/Youth Development Program Only
○ Family Child Care Home  ○ Public or Private School
○ Group Family Child Care Home  ○ Child Care Resource & Referral (CCR&R)
○ Head Start  ○ 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: ______________________________________________________________________________

Hours worked per week: _____________________________ Weeks worked per year: ______________________________

Position Codes (to be used above)

<table>
<thead>
<tr>
<th>Direct Services to Children</th>
<th>Indirect Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Director and/or Administrator (one-site)</td>
<td>16. Director/Administrator (multi-site)</td>
</tr>
<tr>
<td>2. Assistant Director</td>
<td>17. CCR&amp;R Staff</td>
</tr>
<tr>
<td>3. Director/Teacher</td>
<td>18. Higher Education Faculty/Staff</td>
</tr>
<tr>
<td>4. Teacher</td>
<td>19. Trainer</td>
</tr>
<tr>
<td>5. Assistant Teacher</td>
<td></td>
</tr>
<tr>
<td>6. Teacher Aide (Preschool for All)</td>
<td></td>
</tr>
<tr>
<td>7. Substitute/Floater</td>
<td></td>
</tr>
<tr>
<td>8. Family Child Care Provider</td>
<td></td>
</tr>
<tr>
<td>9. Family Child Care Assistant</td>
<td></td>
</tr>
<tr>
<td>10. Group Family Child Care Provider</td>
<td>20. Education/Curriculum Coordinator</td>
</tr>
<tr>
<td>11. Group Family Child Care Assistant</td>
<td>21. Consultant</td>
</tr>
<tr>
<td>12. School-Age Child Care Teacher</td>
<td>22. Other Indirect Services</td>
</tr>
<tr>
<td>13. School-Age Child Care Assistant</td>
<td></td>
</tr>
<tr>
<td>14. Youth Development Practitioner</td>
<td></td>
</tr>
<tr>
<td>15. Other Direct Service</td>
<td></td>
</tr>
<tr>
<td>23. Home Visitors</td>
<td></td>
</tr>
<tr>
<td>24. Home Visitor Supervisor</td>
<td></td>
</tr>
<tr>
<td>25. Family, Friend, or Neighbor Caregiver</td>
<td></td>
</tr>
</tbody>
</table>

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. 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

GATEWAYS TO OPPORTUNITY®
Illinois Professional Development System

Administered through

INCCRRA

IDHS

Information Update Form