

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES
DIVISION OF CHILD CARE

KENTUCKY INFANT AND TODDLER CREDENTIAL APPLICATION

Please type or print clearly

PERSONAL INFORMATION – SECTION I

Name: Mr. /Mrs. /Ms. /Dr. _____

Home Phone: (____) _____

Birth Date: ____ / ____ / ____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Occupation: _____ Place of Employment: _____

Work Address: _____

City: _____ State: _____ Zip: _____ County: _____

Work Phone: (____) _____ Work Fax: (____) _____

E-mail Address: _____

LEVEL INFORMATION – SECTION II

Please Indicate Type of Application

Initial

Change

Current Credential Level _____ Credential Number _____

Issue Date _____ Expiration Date _____

Requested Credential Level:

- Level 1: Associate**
60 hours of targeted instruction within 2 years in Cabinet-approved Infant/Toddler (IT) topics.
- Level 2: Professional**
120 hours of targeted instruction within 2 years in Cabinet-approved IT topics AND required work or volunteer experience with infants and toddlers totaling 480 hours within the past 3 years
- Level 3: Leader**
An associate or bachelor's degree or higher in early care and education with a minimum of 9 credit hours in Cabinet-approved IT topics OR Unrelated Bachelor's degrees considered with 60 hours of Cabinet-approved instruction in the past 2 years; AND required work or volunteer experience with infants and toddlers totaling 480 hours within the past 3 years

RENEWAL INFORMATION – SECTION III

Current Credential Level _____ Credential Number _____

Issue Date _____ Expiration Date _____

All renewals are required to submit:

- Documentation of 45 hours of Cabinet-approved training or college coursework within the past 3 years
- A detailed resume with 480 hours of work or volunteer experience with the age group of this application within the past 3 years
- Current Pediatric First Aid and CPR Certification
- Current Pediatric Abusive Head Trauma Certification (valid for 5 years)
- Completed DCC 245-A, Self-Assessment
- Letter of recommendation from a current supervisor or parent (if no supervisor)

EDUCATION and REQUIRED PROFESSIONAL DEVELOPMENT – SECTION IV

Please check all attached verification information. Applicant need only submit verification of work and experience required for selected credential level. Applicant must include copy of diploma(s) and transcript(s), resume, certifications, credentials, etc. with this application.

- CDA
- Director's Credential
- Associate Degree, indicate field of study: _____
- Bachelor's Degree, indicate field of study: _____
- Master's Degree, indicate field of study: _____
- Doctorate, indicate field of study: _____
- Transcript(s), indicating courses and degree awarded
- Training certificates / C.E.U. documentation
- Certifications, licenses, equivalent
- Have you attached a completed self-assessment? (DCC-245A) Yes or No**
- Have you attached a letter of recommendation? Yes or No**
- Completion date for Pediatric Abusive Head Trauma Certification
- Completion date for "Introduction to Kentucky Credentials"
- Completion date for required training on trauma informed care
- Completion date for Pediatric First Aid and CPR Certification requirements
- Have you attached a current resume to support required experience? Yes or No**
 - Must reflect 480 hours of work or volunteer experience within the past 3 years. Include dates, job title, major job responsibilities, and hours worked per week for each work or volunteer experience listed.

CERTIFICATION BOX – SECTION VI

I certify that all information provided and attached to my application is true and correct. I also agree to adhere to the requirements of 922 KAR 2:245, Kentucky Infant and Toddler Credential.

Signature of Applicant _____