National Institute of Child Care Management
Credential Application Checklist

Name: _______________________________ Date: _______________________________

All Applicants
☐ NAC Page A (First page of binder)
  ☐ Previous employment completed.
  ☐ All lines are filled in.
  ☐ N/A written on empty lines where not applicable.

☐ Copy of Driver's License
  ☐ Copy is legible.

☐ Praxis First Page
  ☐ Only mailing addresses are listed. (Physical addresses are not necessary)
  ☐ All lines are filled in.
  ☐ N/A written on empty lines where not applicable.

☐ Policies and Procedures checklist completed, signed, and returned.

NAC Credential Applicants Only
☐ Time Summary
  ☐ I completed the time summary.
  ☐ I totaled the time summary.

Distance Learning Only
☐ I watched all the DVDs in their entirety.
☐ DVDs returned.
☐ DVD Control Sheet Included.

NAC Renewal Applicants Only
☐ Survey
  ☐ I completed all questions on the survey.
To maintain your certification you must notify us if any of the information above changes.

Please Fill Out and Return with a Copy of Your Driver’s License
ALL LINES MUST BE FILLED IN! (If not applicable, write n/a in line.)

Name: __________________________________________ Date: ________________
(Please print your name as you would like it to appear on the Certificate)

City and Date of Conference Attended: ________________________________

Is this your first NICCM event? (Circle One)               Yes                 No

Permanent Address: __________________________________________
City: __________________________ State: _____________ Zip: ___________
Home Phone: __________________________ Cell: __________________________
Work Phone: __________________________ Fax: __________________________
Email: __________________________

Employer: __________________________________________ Job Title: ___________

Employer Address: __________________________________________
City: __________________________ State: _____________ Zip: ___________

# Years in Current Position _________________ # Years in Field _________________

Licensed Capacity: __________________________ Normal Attendance: ___________

Previous Employment: (This section must be completed.)

Company: __________________________________________ Job Title: ___________
Responsibilities: __________________________ From:_________ To: ___________

Company: __________________________________________ Job Title: ___________
Responsibilities: __________________________ From:_________ To: ___________

Degrees Earned __________________________ Field of Specialization __________________________
_________________________ Field of Specialization __________________________

Specialized Credentials Held __________________________

I will be completing the Test and Praxis (Circle One)        Yes or No

I am Renewing my Credential        Yes or No

My Test is due to be postmarked no later than __________________________

To maintain your certification you must notify us if any of the information above changes.
The NICCM NAC – National Administrator's Credential Final Examination

National Institute of Child Care Management

NAC Test/Praxis First Page

Event attended (Location & Date or Distance): __________________________

Final Examination: Due to be postmarked by: __________________________

(Please Print)

ALL LINES MUST BE FILLED IN!
(If not applicable, write n/a in line)

Name

________________________________________

Social Security No.

________________________________________

Address

________________________________________

City/State/Zip

________________________________________

Name of Center

________________________________________

Address

________________________________________

City/State/Zip

________________________________________

Work Number

(Area Code)

Cell Phone

(Area Code)

Home Phone

(Area Code)

Fax

(Area Code)

E-mail

________________________________________

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Final Exam Page # 1
It is once again time for our annual credential holder’s survey. This survey is a vital component of the maintenance of your National Administrator’s Credential (NAC) with NICCM and is a requirement of TDFPS. Please take the time necessary to complete the survey and mail or fax it back to us. Thanks so much for being an NICCM alumni.

Name: ___________________________________________  Cell #: __________________
Address: ________________________________  Work #: __________________
City: __________________  State: _____  Zip: ______  E-mail: ____________________________

1. Is this your credential renewal year or non-renewal year?
2. Will you be maintaining your credential this year? If not why?  Y   N
3. Are you currently working in some aspect of Early Education?  Y   N
4. If so what is your current position?

5. Have you been maintaining the annual training requirement for your state?  Y   N
6. What areas of training would benefit you in your current position?

7. In the past 12 months have you been in contact with NICCM? If so, with whom?

8. Have you reviewed your state’s minimum standards in the past year?

9. Now that a period of time has passed since completing the credential course, what has been the most helpful?

10. What do you wish had been covered in more detail?