National Institute of Child Care Management

Credential Renewal 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 adresses 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.
  (For Live Participants Only)

NAC Renewal Applicants Only

- ☐ Survey
  - ☐ I completed all questions on the survey.
  - ☐ Documentation of 10 hours of training with NICCM

National Institute of Child Care Management

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. **A**

National Institute of Child Care Management

NAC Test/Praxis First Page

Students not allowed to write above this line. The space above this line is for the instructor.

Event attended (Location & Date or Distance):_____

Final Examination: Due to be postmarked by:_____

(Please Print Legibly)

ALL LINES **MUST** BE FILLED IN!

↓↓ Side Margin (If not applicable, write n/a in line) Side Margin ↓↓

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 _____

(602) 476-1422, Email: niccm@handprint.org
NICCM: 14422 Shoreside Way, Ste 110- 510, Winter Garden, FL 34787

National Institute of Child Care Management

NICCM NAC Annual Survey

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?

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