Association for the Education of Young Children of Missouri

Missouri Early Childhood Director Credential Application Form

APPLICATION FOR: (check one) ☐ Provisional Credential ☐ Credential

GENERAL INFORMATION

Name (Last, First, Middle Initial)			
Home Address	Email Address (Home)		
City	County	State	Zip Code
Home Phone ( )	Secondary Phone ( )	Home Fax ( )	

CURRENT CHILD-RELATED EMPLOYMENT

Current Employer (Program Name)	Child Care License Number of DVN (if applicable)		
Start Date (mm/dd/yy)	Work Address (Physical Location)	Email Address (work)	
City	County	State	Zip Code
Work Phone ( )	Work Fax ( )		

PROFESSIONAL CONTRIBUTIONS (attach documentation of professional contributions)

Requirement: Membership in a professional organization	
Name of Professional Association	Member Number (if applicable)
Requirement for Provisional Credential: One Contribution in professional leadership, program improvement, or advocacy.	
Requirement for Credential: Three Contributions in at least two of the following areas: professional leadership, program improvement, or advocacy. Additional documentation forms are required.	
Contribution	☐ professional leadership ☐ program improvement ☐ advocacy
Contribution	☐ professional leadership ☐ program improvement ☐ advocacy
Contribution	☐ professional leadership ☐ program improvement ☐ advocacy

EDUCATION and EXPERIENCE (attach a copy of your Personal Profile from the Professional Achievement and Recognition System through the OPEN Initiative).

I hereby grant permission to AEYC-MO to share information provided in this application, including my Personal Profile from the Professional Achievement and Recognition System (PARS), with the Kansas Department of Health and Environment (KDHE) upon my application for a reciprocal credential in the state of Kansas.

_____ _____

Applicant's Signature Date

Association for the Education of Young Children of Missouri (AEYC-MO)
PO Box 2136, Lees Summit, MO 64063
Phone Toll Free: 877-296-2852
Email: info@aeyc-mo.org Website: www.aeyc-mo.org