



## New York State School-Age Care Credential Preparatory Course Application

This application is for applying for the School-Age Care (SAC) Credential Preparatory Course administered by Child Care Resource Network. Any child care provider who works with school-age children may apply.

### Applicant Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Current Work

Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Child Care Setting (please select one):

School-Age Child Care       Child Care Center       Family/Group Family Child Care

Current Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



**Work and Volunteer History**

Location	Position Held	Dates	Brief Description of Work
1.			
2.			
3.			
4.			

**Education**

Applicant must have a high-school diploma or GED equivalent.

	Name of Educational Institution	Year(s) attended	Completed Course of Study? (Yes or No)	Type of Degree Received and/or Major/Discipline (if applicable)
High School or GED (please circle)				
College(s)				
Graduate College				
Trade School/Other				



**Professional Development**

Please list any course work (if applicable) you have completed that is relevant to the field of school-age child care.

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Please list any training or professional development opportunities you have participated in that relates to the school-age child care field (i.e. workshops, conferences, in service, etc.)

Training or Professional Development Topic	Training Hours Received
1.	
2.	
3.	
4.	
5.	



**Additional Information**

Please answer the following questions. You may attach additional sheet(s) as necessary.

1. Why do you want to obtain the NYS School-Age Care Credential?

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2. How do you expect the NYS School-Age Care Credential to forward your career?

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3. What are your strengths as a school-age child care professional?

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4. What are areas and skills that you wish to develop or acquire as a school-age child care professional?

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**Organization Support Statement**

The Director of (Facility Name) \_\_\_\_\_ has agreed to support my participation in the SAC Credential Program.

Printed Name of Director: \_\_\_\_\_

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Statement of Understanding**

I understand that a \$50 non-refundable registration fee is required by the first day of class (October 5, 2017) of the SAC Credential program. I certify that the information provided is accurate and true.

I understand that falsifying any of the above information may result in not being accepted into the New York State School-Age Care Credential Preparatory Course.

Printed Name of Applicant: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this completed application to:

ATTN: Candice Thompson  
1000 Hertel Avenue  
Buffalo, NY 14216

Fax: 716-877-6205

Email: [cthompson@wnychildren.org](mailto:cthompson@wnychildren.org)

## Instructions for Applying for Financial Aid (also known as the Educational Incentive Program –EIP)

Scholarship funding to participate in this training may be available through the Educational Incentive Program (EIP). For more information or to apply for a scholarship, please visit [www.ecetp.pdp.albany.edu](http://www.ecetp.pdp.albany.edu). Application instructions are also provided below. You may also contact EIP by email at [eip-to@albany.edu](mailto:eip-to@albany.edu), or by phone at either (800) 295-9616 or (518) 442-6575.

Please note, the completion of the financial aid application and the receipt of an EIP award letter does not mean you are committed to the course, but it will help to inform you of the amount you are receiving to cover the cost of the tuition.

If after you've reviewed the instructions, you would like additional support, please feel free to contact Candice Thompson at [cthompson@wnychildren.org](mailto:cthompson@wnychildren.org) to schedule a time to meet. Otherwise, complete the application and fax the required documentation to EIP.

- 1) Go to [ecetp.pdp.albany.edu](http://ecetp.pdp.albany.edu).
- 2) Select the green button that says “Apply” (it’s on the left side of the screen).
- 3) In the first bright green rectangle, select “Apply online now!”
- 4) Log-in to your account. If you do not have an account, you will have to create a new account.
- 5) After logging in, you may need to update your demographic information.
- 6) Click “Apply for EIP Online Application” (it’s the first purple rectangle).
- 7) Click the checkbox that says “I have read and understood the above information.”
- 8) Verify that the Personal Information and Contact Information is updated/correct.
- 9) The first question that says, “Do you currently hold a permanent/professional teacher certification?” Select “No,” unless you have your teacher certification.
- 10) The second question that says, “Are you a U.S. Citizen, Permanent Alien or Resident Alien authorized to work in the U.S.?” Select “Yes”.
- 11) The third question that says, “Are you currently enrolled in an early childhood or related program in college?” Select “No,” unless you are currently taking college courses in early childhood or a related program.
- 12) The question that asks, “What type of course are you applying for scholarships to be used toward?” **Select “Non CDA- Non Credit Bearing Training/Conference/Workshop”.**
- 13) The next question that asks, “Are you applying for a Credential/Assessment fee/ Renewal fee?” **Select “No”.**
- 14) Check the box that says, “I certify that I am applying for EIP on my own behalf.”
- 15) Click “Next”.

16) Check your employment information to make sure it's up to date/correct (make sure the license number is correct and the expiration date is accurate).

**17) If your license number and expiration date are not visible, please contact Candice Thompson at [cthompson@wnychildren.org](mailto:cthompson@wnychildren.org) or 716-877-6666 ext. 3035.**

18) Make sure you select the correct modality and job title.

19) The section that says "Providing Care", select "Yes".

20) Check the Adjusted Gross Income from your most recent 1040 (2017 tax return). Enter the Adjusted gross income in the box.

21) Add up the number of exemptions you have and put the number from your tax return.

22) If you don't have any exemptions on your tax return, select the number "1".

23) Click "Next".

24) Type "Child Care Resource Network" in the training organization section.

25) Delivery type is "Classroom".

26) Click the drop down menu that says "Choose Training".

**27) Select "School-Age Care Credential Preparation - Part I – 01/15-04/16 Candice Thompson"** (The cost of the course should be \$600 for 30 hours)

28) Click "Add to Application" (purple rectangle)

29) Select "Done Adding Courses" (Orange rectangle on the bottom of the screen)

30) Read the agreement. If you agree, click submit. **If you have any questions or concerns, please contact Candice Thompson at [cthompson@wnychildren.org](mailto:cthompson@wnychildren.org) or 716-877-6666 ext. 3035 before you press submit.**

31) Select the purple rectangle in the upper right window that says "Print"

32) After printing, sign and date the form.

33) Fax this form with **your most recent paystub**, and the **first page of your most recent tax return** (the page you used to find your adjusted gross income and number of exemptions) to the 518-442-6643. **Do NOT include a cover page.** The EIP form is the cover page. You should be faxing 3 pages altogether (EIP application, tax return, pay stub).