

Please describe your experience, including the age of the children, usual number in group, your title, responsibilities, and an estimate of the total hours you were in contact with children during this time period.

ATTESTATION: Work described here is presented accurately:

Supervisor Signature (if applicable) _____ Print Name: _____

Address: _____ Date: _____

2) PROGRAM NAME AND ADDRESS	CONTACT PERSON	DATES OF EXPERIENCE AND # OF HOURS PER WEEK

Please describe your experience, including the age of the children, usual number in group, your title, responsibilities, and an estimate of the total hours you were in contact with children during this time period.

ATTESTATION: Work described here is presented accurately:

Supervisor Signature (if applicable) _____ Print Name: _____

Address: _____ Date: _____

All of the information enclosed with this application is true to the best of my knowledge. I understand that this application will obligate NYSAEYC to maintain my file, assess my coursework and respond regarding to what is needed to complete the credentialing process. This application will be active for one year from the date of acceptance.

Signature: _____

Printed name: _____

Date: _____

MAIL APPLICATION, RESUME AND \$50 APPLICATION FEE TO:

**NEW YORK STATE ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (NYSAEYC)
230 WASHINGTON AVENUE EXTENSION
ALBANY, NEW YORK 12203**

QUESTIONS OR CONCERNS SHOULD BE DIRECTED TO

NYSAEYC

(518) 867-3517
(800)-246-2392
nysaeyc@capital.net