

NH Afterschool Credential Application

I. APPLICATION INFORMATION
Please mark the box(es) next to the position(s) for which you are applying. Credential level is dependent on qualifications and will be determined by the Credentialing Specialist.

<input type="checkbox"/>	NH Afterschool Direct Service
<input type="checkbox"/>	NH Afterschool Administrator
<input type="checkbox"/>	NH Afterschool Master Professional: Workshop Trainer endorsement
<input type="checkbox"/>	NH Afterschool Master Professional: Faculty endorsement
<input type="checkbox"/>	NH Afterschool Master Professional: Individual Mentor endorsement
<input type="checkbox"/>	NH Afterschool Master Professional: Program Consultant endorsement
<input type="checkbox"/>	NH Afterschool Master Professional: Allied Professional endorsement

New Application (\$25.00)
 New Position (\$25.00)
 Change of Level (\$10.00)
 Expired Credential (\$25.00)
 Application for Renewal (\$10.00) \
 Credential Reprint (\$3.00)
 *Each additional **Master Professional Endorsement** is \$5.00 (when applying for more than one), please indicate the # of additional endorsements: _____
Please make checks payable to: Treasurer State of NH

II. PERSONAL INFORMATION

Name _____
(Please print your name exactly as you want it to appear on your credential)

Other name/s in which information may be received-maiden, etc.

Home Address:

City/State/Zip:

E-mail:

Primary Telephone: () - **Work Telephone:** () -

Last 4 digits of Soc. Sec. #

FOR OFFICE USE ONLY:

Date Application Received: _____ **Date Payment Received:** _____ **Check #** _____

Check from: _____ **Check amt:** _____ **Amount applied to app:** _____

Credential Awarded: _____ **Date:** _____ **Expires:** _____

(Application continued on next page)

III. EDUCATIONAL HISTORY			
	Institution	City/State	Date of Completion
High School Diploma:			
GED:			
Colleges/Universities	City/State	Date of Attendance	Degree(s) Awarded
Professional Credentials	City/State	Date Issued	Last Date of Renewal

IV. EMPLOYMENT INFORMATION*	
Name of Program/Employer:	
Address:	
City/State/Zip	
Phone number:	Program License #:
Full time or Part Time hours:	
Starting Date of Your Current Position:	

V. WORK EXPERIENCE*

***Please attach your *updated* resume, including current position, and please enclose a letter from current and previous employer(s) verifying the following: employment dates, position held, hours per week, and ages of children in your care. You only need to document employment as required per credential work experience requirements.**

PLEASE NOTE: All supporting credential documentation (with the exception of transcripts as they can take longer) must be received within 60 days of your initial credential application submission. Incomplete applications will be archived after 60 days. Should you re-apply for a credential, you will be required to resubmit all documentation, including the fees.

(Application continued on next page)

VI. EDUCATION AND SPECIALIZED COURSEWORK

- A copy of your high school diploma or GED may be required for some lattice levels *.
 - College course* transcripts must arrive in a sealed envelope from the college registrar’s office.
- *Please refer to lattices and “approved coursework” for reference*

VII. ONGOING PROFESSIONAL TRAINING

Please attach copies of training certificates that include dates, length of training, and content in the Core Knowledge Areas as listed below. The present or host org./agency must sign certificates

Core Knowledge Area	Title of Training(s)	Date	Hours or Credits
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

VIII. PROFESSIONAL ACTIVITY UNITS (PAU’S) – ATTACH DOCUMENTATION

All levels, with the exception of Afterschool Direct Service Professional level 1 require documentation of PAU’s. Please refer to the appropriate lattice for the number of PAU’s required. Please contact the Credentialing Specialist with any questions at 603-271-4686.

The information presented in this packet is complete and accurate to the best of my knowledge

Signature: _____ Date: _____