

Texas Director's Credential Application

IMPORTANT: DO NOT FILL OUT UNTIL YOU READ THIS BOX

Must meet this criteria and be able to submit with application:

- age 21 (submit a copy of ID or Driver's License)
- have high diploma or its equivalent (submit a copy of either)
- experience of two years in a licensed child care (submit copy of check stub or income tax w-2)
- one letter of recommendation (submit name, address, phone on each letter)
- payment in form of money order or pay pal on-line confirmation number
- current CPR & First Aid Card (submit copy)
- clear criminal history check (submit notarized affidavit or copy of cleared criminal check licensing letter)

To submit your application, please print it out and send with attachments including your payment or pay pal information.

To: CPAP-Thinking Cap Workshops

Attn: Margarita M. Gonzales

P.O. Box 1377

Eden, TX 76837

Telephone # 325-763-4069

Fax# 325-659-2672

e-mail: thinkingcapworkshops@verizon.net

web-site: ThinkingCapWorkshops.com

To process application faster, fax a copy of all items in box along with this application.

For more information, use the above telephone number or the e-mail address.

Type of Class Course Mail Online In Person Class Date: _____ (dates are posted on web-site)

Today's Date: _____ Pay Pal Confirmation # _____

Driver's License or ID# _____ Social Security Number: _____

Date of Birth: _____ Date on High School Diploma or GED: _____ Gender: M F

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City _____ State: _____ Zip: _____

Home # _____ Cell# _____ Fax# _____

E-mail address: _____

Type of program you are working with: registered family group home licensed child care after school school district

Business Name: _____ Your Title: _____

Business Address: _____

City _____ State: _____ Zip: _____

Business Phone #: _____ Fax# _____

Mail certificate to Home Business Other: _____

Reference List: Please list person that wrote your letter of reference:

1 Name: _____ Phone# _____

Address: _____ City _____ State _____ Zip _____

How do you know this person: _____

List all licensed child care facilities or programs that you have worked in:

1. Date From _____ to _____ Total of _____ years and/or _____ months.

Center Name: _____ County: _____

Address: _____ Phone#: _____

City _____ State _____ Zip _____

2. Date From _____ to _____ Total of _____ years and/or _____ months.

Center Name: _____ County: _____

Address: _____ Phone#: _____

City _____ State _____ Zip _____

3. Date From _____ to _____ Total of _____ years and/or _____ months.

Center Name: _____ County: _____

Address: _____ Phone#: _____

City _____ State _____ Zip _____

4. Date From _____ to _____ Total of _____ years and/or _____ months.

Center Name: _____ County: _____

Address: _____ Phone#: _____

City _____ State _____ Zip _____

On a separate sheet of paper answer the following questions:

- a. What are your 1-5 year goals in the child care field?
- b. What are your 5-10 year goals in the child care field?
- c. What do you think are your best qualities? name at least five.
- d. What are some areas that you need to improve?
- e. Describe a positive experience with children, tell what happened and why it made an impression with you.
- f. Why are you interested in obtaining this credential?

Applicant Statement:

I certify that the answers given on this application are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application as it is necessary to accept application to this credential class. Upon acceptance I agree to refund policy and credential agreement.

Signature: _____ Date: _____

Print Your Name: _____

Refund Policy

Refunds are not issued for on-line and mail correspondence course. Refunds are issued for in person course only if notice is received 30 days prior to course date. The refund will be 50% of paid amount.

Credential Agreement

Participants agrees to the terms of this credential. The credential is valid for one year from issued date and must be renewed annually. A \$75 renewal fee. A \$25 late fee for renewals received after the expiration date. A \$25 rush order fee if requested. Request for renewal must be received within 6 months and must accompany 30 clock hours (10-management, 10-child development, 10-child care of choice) and a copy of last licensing visit with no serious deficiencies. The course must be completed with a 70% passing score within 6 months on-line and mail course, unless you are attending the in person course. Credential will be revoked if participant does not respond or fails to renew at 6 months from expiration date. In addition the following will be grounds for reprimand; if credential holder is placed on probation by licensing or reoccurring serious deficiencies. Three reprimands will lead to credential being revoked. Credential holder will have the right to review if this occurs.