



DEPARTMENT OF EARLY EDUCATION
AND CARE

PROFESSIONAL CERTIFICATION
APPLICATION PACKET FOR
Child Care Program Reopening Upgrade

CONTACT EEC AT (617) 988 - 6600
ASK FOR THE
PROFESSIONAL QUALIFICATION UNIT
OR EMAIL EEC AT
EECPROFDEV@MASS.GOV

**APPLICATION REVISED: JUNE 2020
(REOPENING)**

REQUIRED DOCUMENTS FOR UPGRADE

- Applicants must refer to the Workforce Reopening Guidance to review the modifications for work experience and education requirements.
- Applicants must complete this EEC Educator Qualification Certification application for Upgrade (page 3)
- Submit completed application with the required supporting documentation, which may include any (or all) of the following:
 - Official college transcript or e-transcript with the authentication page attached. Copies cannot be accepted. Copy of High School Diploma or G.E.D. if applying for teacher position or if applicant is under 21 years of age
 - Copy of degree if not on official transcript.
 - Work Experience Verification Form(s) verifying work experience(s) by an EEC Certified Director, or Equivalent. Applicants cannot verify their own experience or alter the signed forms.
 - Copy of License if you hold a PreK-Grade 2 or PreK- Grade 3 Licensure from the MA Department of Elementary and Secondary Education (DESE).
 - Copy of original Child Development Associate (CDA) from the National Council for Professional Recognition or Early Intervention Specialist Certificate (MA DPH).
 - The Montessori Certificate can be a copy as long it is accompanied by copy of the official letter from the MACTE affiliate program and official transcript.
 - Copies of original training certificates from an EEC approved organization that indicate that the training is approved for CEUs.

(PDPs or workshop attendance verification are not substitutes for CEUs and cannot be accepted).

Email Application to EEC in a PDF Format to:

EECPROFDEV@mass.gov

For priority processing, Subject line must include:

Submission of EEC Application for Certification (Priority Reopening)

Submission of Applications must come directly from Director of program.

Applicants that are missing documentation or do not meet any of the EEC qualification criteria will be returned with a notice of explanation and follow-up.

For Questions, contact EEC at:

Phone: (617)988-6600 (ask for the Professional Qualification Unit) Email: EECPROFDEV@mass.gov

APPLICATION FOR PROFESSIONAL QUALIFICATION CERTIFICATION (REOPENING UPGRADE)

Please complete this entire application and attach all supporting documentation.

Incomplete applications or those missing necessary documentation will be returned to you for resubmission with requested materials.

CHECK ONE

Upgrade my EEC Certification

Name: _____

First Name

Middle Name

Last Name

Maiden Name (if applicable): _____ Date of Birth: ___/___/___
(DOB required)

Last four digits of your Social Security #: XXX-XX-__-__-__ Email: _____
(Last four digits of SSN# required)

Home Address: _____ Street Apt. # _____

City/Town _____ State _____ Zip Code _____

Home Phone: (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Mailing Address (if different from home address): _____ Street Apt. # _____

City/Town _____ State _____ Zip Code _____

APPLICATION AFFIDAVIT

I attest, to the best of my knowledge, that all information contained herein is true and accurate.

Applicant Signature: _____ Date _____

For Office use only:	
Date Received:	Certified for: T(IT) T(PS) LT (IT) LT (PS) DI DII
Reviewed by:	Date Certificate Issued: Certificate #:
Reviewed Date:	Incomplete Letter Sent

**EEC VERIFICATION OF WORK EXPERIENCE/Practicum
REOPENING UPGRADE**

To be certified by EEC, applicants must have verification of experience caring for children under age 7 (not yet enrolled in first grade) or children with special needs under age 16.

College/University Name

Center Name (where practicum/work experience was completed) (Please include EEC Program # if applicable)

Center Address

Applicant Name

Applicant Address

POSITION: _____

CHECK APPLICABLE AGE GROUP(S):

- Infant/Toddler (Ages 0 months to age 2.9)
 Preschool (Age 2.9 to age 5)

- Mixed Toddler/Preschool (Age 15 months to age 5)
 Preschool/School Age (Age 2.9 to age 6)
 Special Needs? If yes, list Ages _____

INDICATE DATES WORKED:

From: Mo/Day/Year to: Mo/Day/Year
___/___/___ ___/___/___

INDICATE TOTAL HOURS OF WORK EXPERIENCE:

(Required)

I attest, to the best of my knowledge, that all information contained herein is true and accurate.

Printed Name: _____ Signature: _____

Date: _____ Title: _____ EEC Certificate # or DESE Certificate #: _____
(If applicable)

Telephone: _____ Email address: _____

PLEASE RETURN COMPLETED AND SIGNED PRACTICUM FORM TO APPLICANT

