

INSTRUCTION SHEET

<p>GENERAL INFORMATION</p> <p>Early Childhood Education lead teachers who work in nonpublic schools (NC Pre-K, Developmental Day, and Head Start programs) are required to enroll with the EESLPD Unit. Teachers must hold one of the following degrees and/or teaching licenses:</p> <ul style="list-style-type: none"> • BA/BS degree in any field (attach or have college/university mail official transcripts) to be considered for a NC Lateral Entry BK License • NC Birth-through-Kindergarten (BK) or Preschool Add-on License (Standard Professional I (Initial) or Standard Professional II (Continuing)) • Other NC Teaching License (field other than BK) or another State's License/Certificate 	<p>UPON RECEIPT OF YOUR ENROLLMENT, the EESLPD UNIT WILL:</p> <p>A. Confirm receipt of your enrollment and communicate instructions for next steps.</p> <p>B. Determine and prioritize your eligibility and readiness status to participate in the:</p> <ol style="list-style-type: none"> 1. Lateral Entry Teacher Program [LETP] - teachers without a BK SP I (Initial) or a SP II (Continuing) license. 2. Beginning Teacher Support Program [BTSP] - teachers with a BK SP I (Initial), Provisional to Preschool Add-On, or a Lateral Entry license 3. Licensure Renewal Program - teachers with a BK or Preschool Add-on SPII license <p>C. Facilitate the licensure application process, if you have less than a BK SPII, or qualify for renewal or another licensure action.</p> <p>D. Contact your higher education advisor, if you are currently working with a college/university to complete BK licensure. Lateral Entry candidates (<i>less than a BK</i>) and provisionally licensed candidates must provide their advisor's contact information on the Enrollment Application.</p> <p>E. Provide mentoring support/supervision, conduct teacher observations and facilitate development of teacher Professional Development Plans based on licensure level.</p> <p>F. Provide information about the program, requirements and processes as needed.</p>
<p>ENROLLMENT INSTRUCTIONS</p> <p>The Enrollment Application must be used to enroll initially to the EESLPD Unit.</p> <p>Completion of the EESLPD Enrollment Application (Pages 1-3)</p> <ol style="list-style-type: none"> A. Download the form to your desktop. B. Type in the shaded fields. C. <u>Enter your legal name as it appears on your Social Security card.</u> D. Print and sign. E. Attach required documents. F. Give the packet to your site administrator/director to review and verify that all documents are complete and attached. G. Submit your enrollment packet to the address listed below by certified or standard mail. Note: Certified Mail is recommended for initial enrollment packets. 	<p>PROFESSIONAL DEVELOPMENT</p> <p>You will receive an electronic notification about the required EESLPD NC Teacher Evaluation Process, Part 1 and Part 2 that you must complete before continuing in the North Carolina Educator Licensure Process. If you have completed the training series and you hold or are eligible to hold a North Carolina BK License (Lateral Entry, Provisional or BK SPI Licensure) you will be assigned a mentor/evaluator. However, if you hold a BK Standard Professional II License, you will be assigned only an evaluator.</p> <p>NOTE: The EESLPD NC Teacher Evaluation Process, Part 1 and Part 2 are required prior to an assigning mentor/evaluator or evaluator only, based upon your licensure type. The training is self-directed online modules and instructor-led. This training provides support for teachers in their professional growth for the NC Professional Teaching Standards.</p>
<p>CHANGE REQUEST ONLY</p> <p>If you are submitting demographic and site CHANGES ONLY, please complete the EESLPD Change Form: http://ncchildcare.nc.gov/pdf/forms/NCPre-K_EESLPD_EnrollmentChangeForm.pdf. Any updates to your name and contact information must be provided immediately to the EESLPD Unit mentor/evaluator, if assigned; otherwise, submit these changes on this form to (919) 715-0920, ATTENTION: EESLPD Enrollment Specialist</p>	<p>RESOURCES</p> <p>A GLOSSARY of TEACHER EDUCATION AND LICENSURE TERMS http://ncchildcare.dhhs.state.nc.us/pdf/forms/NCPre-K_Glossary.pdf</p> <p style="text-align: center;">T.E.A.C.H @ Scholarship www.childcareservices.org/ps/teach-nc</p> <p style="text-align: center;">WAGES@ Supplement www.childcareservices.org/ps/teach_ta_qac/child-care-wage-national</p>
<p>RECORD KEEPING</p> <p>Please keep a copy for your records. Provide a copy to your Site Administrator/Director and, for NC Pre-K Teachers only: also provide a copy to your local NC Pre-K Contract Administrator and/or NC Pre-K Program Contact.</p> <p style="text-align: center;">YOUR ENROLLMENT APPLICATION WILL BE PROCESSED WHEN ALL REQUIRED INFORMATION AND DOCUMENTS ARE RECEIVED.</p>	<p>CONTACT US</p> <p style="text-align: center;">MAIN: (919) 527-6535 FAX: (919) 715-0920 WEB: www.NCChildcare.nc.gov</p> <p style="text-align: center;">FIND YOUR BK LICENSURE SPECIALIST http://ncchildcare.nc.gov/PDF_forms/NCPre-K_EESLPD_BK_Licensure_Specialist_Map.pdf</p>
<p>MAIL TO</p>	
<p>ATTENTION: EESLPD Enrollment Specialist Division of Child Development and Early Education Early Educator Support, Licensure and Professional Development Unit (EESLPD Unit) 2201 Mail Service Center - Raleigh, NC 27699-2200</p>	

EESLPD ENROLLMENT APPLICATION

Early Childhood Education Lead Teachers – Nonpublic Schools



New Enrollment Re-Employment (Previously Enrolled)

I am a NC Pre-K Lead Teacher in a Nonpublic School
 NC Developmental Day Pre-School Teacher
 NC Pre-K Substitute Lead Teacher
 Other Teacher in Nonpublic School

[\(EESLPD Unit Use Only\)](#)

SECTION I	Teacher Information <i>Fill in each blank or write N/A. Please print legibly or type. Enter your entire legal name as it appears on your social security card.</i>	SSN (Provide all 9 Digits) <hr style="border-top: 1px dashed black;"/> (Required)
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<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	Prefix	First Name	Middle Name	Maiden Name	Last Name
Home Mailing Address			City	State	Zip
				NC	
Home Phone		Cell Phone		Alternate Phone	
Email Address			Date of Birth (mm/dd/yyyy)	County of Residence	
Ethnicity		Hispanic	Gender	Disabled	Veteran
<input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION II	Facility Information	Type of Program or Facility		
		<input type="checkbox"/> Private Child Care	<input type="checkbox"/> Head Start	<input type="checkbox"/> Developmental Day

I teach NC Pre-K Preschoolers Infant / Toddler Other _____

I am employed Yes No Hire Date mm/dd/yyyy Site County

Site Name DCD Star Rating Site Phone # Site Fax #

Site Physical Address City State Zip

<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	Primary Site Administrator / Director Name	Email	Phone #

<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	Secondary Site Contact Name (If applicable)	Email	Phone #

This form must be completed, signed and dated by the applicant: I attest to the accuracy of the above information.

Signature _____ Date ____/____/____

*In order to continuously protect your personal identification, the Early Educator Support Licensure and Professional Development (EESLPD) Unit will ONLY accept this application and all required official transcripts and associated documents by US standard or certified mail.

Mailing Address: Attn: EESLPD Enrollment Specialist, 2201 Mail Service Center, Raleigh, NC 27699-2200
 Applicants should retain a copy of this form and any attached documentation for your records.

SECTION III	Education and Licensure Information	Do you hold a Professional Educator's License?	
	Teaching Licensure / Select all that Apply Attach all Official Transcripts with Accredited College Coursework	<input type="checkbox"/> YES <small>(If "YES" attach copy of license)</small>	<input type="checkbox"/> NO <small>(If NO, proceed to University/College Name)</small>

SPI (Initial)
 SPII (Continuing)
 Lateral Entry
 Provisional Add-On
 License Area _____

University / College Name	AA <input type="checkbox"/> /AAS <input type="checkbox"/>	BA <input type="checkbox"/> / BS <input type="checkbox"/>	MA <input type="checkbox"/> / MS <input type="checkbox"/>	EdD <input type="checkbox"/> / PhD <input type="checkbox"/>
University / College Name	AA <input type="checkbox"/> /AAS <input type="checkbox"/>	BA <input type="checkbox"/> / BS <input type="checkbox"/>	MA <input type="checkbox"/> / MS <input type="checkbox"/>	EdD <input type="checkbox"/> / PhD <input type="checkbox"/>

Have you completed the Beginning Teacher Support Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If YES, attach your most recent Teacher Evaluation Summary Ratings Form and Professional Development Plan if applicable.</i>
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SECTION IV	Birth - through - Kindergarten Licensure Status
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Are you enrolled in an accredited College or University with an approved BK Licensure Program?
 YES NO
http://ncchildcare.dhhs.state.nc.us/pdf_forms/NCPre-K_ApprovedBKProgramsNC.pdf

College / University (IHE) Name	IHE Advisor Name	Phone

Are you affiliated with a NC Department of Public Instruction Regional Alternative Licensing Center (RALC)?
 YES NO

RALC Region	RALC Director	Phone

Do you have a Plan of Study or Licensure-Only Plan? YES NO
(If YES, attach copy)

Have you completed all required coursework in your Plan of Study or Licensure Only Plan?
 YES NO

If NO, how many semester hours are needed to complete your Plan of Study or Licensure Only Plan?
#SH _____

SECTION V	Professional Development <small>Select all that Apply</small>	(Mandatory Section)
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Training is required in the NC Foundations for Early Learning and Development (NCFELD) Standards
http://ncchildcare.nc.gov/providers/pv_foundations.asp. Check the box that represents your status:

I have completed NCFELD training and **attached a copy of the Foundation's certificate**. (Completed since 2013 only).
 Overview (5 CEU) **12 Modules**

I have reviewed the NCFELD located on the **EESLPD Unit website** at: http://ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf.
 I am prepared to use this information in my work as verified by my signature and the date below.
I will attend future required trainings.

See additional foundations Requirements: http://ncchildcare.nc.gov/general/mb_eeslpd.asp / **Professional Development Section**

Teacher's Signature _____ **Date** ____/____/____

Your **Site Administrator/Director must review and verify that this form is complete, accurate and that all required documents are attached.** Enrollment with the EESLPD Unit **cannot** be processed if this form is incomplete and/or documents are missing.

Submitted to Site Administrator/ Director on ____/____/____ (MM/DD/YYYY)

Submitted to Local NC Pre-K Contractor, if applicable, on ____/____/____ (MM/DD/YYYY) N/A

SECTION VI

Site Administrator / Director – Verification of Teacher Documents

The teacher's **Site Administrator/Director** is required to verify that all documents are included in the packet before the teacher submits it to the EESLPD Unit. **By initialing sections, A and C or B and C**, which correspond to the **Enrollment Application**, and signing **Section VII**, the **Site Administrator/Director** is verifying that the teacher's Enrollment Application and supporting documents are complete. **After the review is completed, the teacher should submit his/her packet to the address provided at the bottom of the Instruction Sheet.**

*Fill in each blank or write N/A. Enter your entire **LEGAL NAME** as it appears on your social security card.*

First Name	Middle Name	Maiden Name	Last Name

Section A. Education and Licensure Information

*(Teachers who require a NC Lateral Entry Birth through Kindergarten (BK) or Provisional BK / Pre-K Add-on License must submit **ALL** official college/university transcripts with the enrollment package.)*

Subject	Required Document(s)	Verification by Site Administrator <i>(initial if documents attached)</i>
I. BA/BS degree in any field (attach ALL original transcripts for ALL coursework completed)	<ul style="list-style-type: none"> ALL original transcripts by college/university – DO NOT fax transcripts. 	
II. Teacher's License and Test Scores	<ul style="list-style-type: none"> North Carolina License or Other State's Teacher's License (Test scores required by state must be included.) 	
III. Beginning Teacher Support Program (BTSP) Applies only if teacher participated / completed a BTSP program.	<ul style="list-style-type: none"> Most recent Teacher Evaluation Summary Rating Form and Professional Development Plan 	

Section B. BK Licensure Status

*(Less than a BK or Preschool Add-On License – Applicant **does not** hold a BK license)*

Subject	Required Document(s)	Verification by Site Administrator <i>(initial if documents attached)</i>
I. Enrolled in an accredited college or university with an approved BK Licensure Program	<ul style="list-style-type: none"> Plan of Study or BK Licensure Only Plan 	

Section C. Professional Development

Subject	Required Document(s)	Verification by Site Administrator <i>(initial if document attached)</i>
I. NC Foundations for Early Learning and Development (NC FELD)	<ul style="list-style-type: none"> Certificate for Foundations Training Teacher Signature in Section V 	

SECTION VII

Site Administrator / Director – Verification of Completion and Accuracy

(Mandatory Section)

I _____ verify that I have reviewed the enrollment packet for completion and accuracy.
Site Administrator/ Director - Print Name

All required documents, initialed by me in **Section VI** above are attached. I understand if the packet is complete, the teacher will be placed on the EESLPD Unit wait list. **PLEASE NOTE:** Enrollment with the EESLPD Unit **cannot** be processed if this form is incomplete and/or required documents are missing.

Site Administrator/ Director Signature _____ **Date** ____/____/____