CCHC Certification/Endorsement Application

Q1 CCHC information	
O Full name	>
O Name to print on certificate (if different)	
O Mailing address	
O Preferred phone number	
○ Email	
O CCHC number	
Q2 County of Residence	
O County	
Q3 Are you a current member of the NC CCHC Association? (required)	
○ No	
O Yes	
Q4 Are you an Active CCHC? (you must be listed on the Find a CCHC page)	
○ No	
○ Yes	
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Q5 What is the date of issue printed on your NC CCHC Course certificate?	

		ucation:

	School	Degree	Field of study	Date of graduation
Degree1				
Degree2				
Degree3				
Degree4				

Q7 List relevant, current professional licenses or certifications:

	License/Certification	Year certified	Expiration date
License/Certification			

Q8 Current empl	oyer inf	formation
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	Employer/Agency Name (or self-employed):
	O Start Date:
	O Professional Title/Position:
	Counties/Region Served:
Q٤	List names of the individuals who will be completing the two evaluations on your behalf.
	O Supervisor or professional peer who can evaluate your CCHC knowledge and skills and verify completion of 1,000 hours of CCHC work.
	Oconsultee (childcare facility director, owner, or early educator) who you have worked with to provide CCHC services.

Q10 Document a minimum number of 1,000 hours of CCHC work.

	Position Title	Employing Agency	Dates of Employment	Total hours worked
Position				
Position				
2				
Position				
Position 4				

Start of Block: Portfolio guidance

Q11 To demonstrate that you are providing the requisite CCHC services and addressing the essential areas of Child Care Health Consultation, completion of six portfolio components is required. Based on the 11 Subject Matter Areas of Expertise from the Child Care Health Consultant Competencies, you must submit evidence of having delivered CCHC services that address six different subject matter areas within the last two years.

Type of services delivered may include:

- Consultation/coaching/technical assistance
- Training/health education
- Assessment and quality improvement planning using the NC HSAET
- Policy review, development, and implementation

Examples of acceptable evidence of services delivered may include:

- A copy of visit notes to a child care facility
- A copy of a Quality Improvement Plan from a completed health and safety assessment
- A copy of a training roster with identifying information removed
- A copy of a policy developed

You <u>must</u> remove all information that identifies a specific facility, early educator, or child in the evidence submitted. Do not include any recognizable faces without a photo release.

Q1	2 Portfolio 1-6
	1. Illness and Infectious Diseases
	2. Children with Special Health Care Needs (CSHCN)
	3. Medication Administration
	4. Safety and Injury Prevention
	5. Emergency Preparedness, Response, and Recovery
	6. Infant and Child Social and Emotional Wellbeing
	7. Child Abuse and Neglect
	8. Nutrition and Physical Activity
	9. Oral Health
	O 10. Environmental Health
	11. Staff Health and Wellness

Q13 Portfolio 1-6
O Consultation/coaching/technical assistance
Training/health education
O Assessment and quality improvement planning using the NC HSAET
O Policy review, development, and implementation
Other
Q14 Portfolio 1-6: description
O Date of service
O Description
Q15 Portfolio 1-6: documentation
 Q36 Release of Information By submitting this application, I acknowledge and agree to the following: The NC CCHCA will post online a list of currently certified/endorsed CCHCs. The NC CCHCA will share the contents of applications with the Institute, the NC Resource Center, and the CCHC-C/E Application Review Committee as required. Statement of understanding By submitting an application: I attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I understand that falsifying application information or documentation or the failure to comply with documentation requirements may result in the loss of certification/endorsement.
Q37 Signature