

CCHC Certification/Endorsement Application - 2025

Q1 CCHC Certification/TA Endorsement INITIAL APPLICATION

Q2 CCHC information

First name (as you would like it printed on the certificate) (1)

Last name (2) _____

Complete mailing address (where you certificate will be sent) (3)

Phone number (4) _____

Email (5) _____

CCHC number (8) _____

Q3 Current employer information

Employer/Agency Name (or self-employed): (1)

Start Date: (2) _____

Professional Title/Position: (4)

Q4 County of Residence

▼ Alamance (1) ... Yancey (100)

Q5 Are you a current member of the NC CCHC Association? (required)

- No (3)
- Yes (5)

Q6 Are you an Active CCHC? (you must be listed on the Find a CCHC page)

- No (1)
- Yes (2)

Q7 What is the date of issue printed on your NC CCHC Course certificate?

Q8 List the number of hours worked as a CCHC since obtaining your NC CCHC Course certificate.

Q9 List relevant education:

	School (1)	Degree (2)	Field of study (3)	Date of graduation (4)
Degree1 (4)				
Degree2 (5)				
Degree3 (6)				
Degree4 (7)				

Q10 List relevant, current professional licenses or certifications:

	License/Certification (1)	Year certified (2)	Expiration date (3)
License/Certification (5)			
License/Certification (6)			
License/Certification (7)			
License/Certification (8)			

End of Block: CCHC Information

Start of Block: Evaluation

Q11 List names of the individuals who will be completing the two evaluations on your behalf.

Supervisor or professional peer who can evaluate your CCHC knowledge and skills and verify completion of 1,000 hours of CCHC work. (1)

Consultee (childcare facility director, owner, or early educator) who you have worked with to provide CCHC services. (4)

SAMPLE

Q12

*****READ THIS SECTION CAREFULLY BEFORE MOVING TO THE NEXT PAGE*****

To demonstrate that you are providing CCHC services that address the essential areas of child care health consultation, completion of six portfolio components is required. Based on the 11 Subject Matter Areas from the Child Care Health Consultant Competencies, you must include evidence of having delivered CCHC services addressing **six different subject matter areas** within your first 1,000 hours of working as a CCHC.

Examples of activities and evidence:

- Consultation (an TA encounter to address a specific concern with at least one follow-up encounter)
 - *Encounter notes involving a child care program.*
- Coaching (conducting an assessment and developing a quality improvement plan)
 - *A Quality Improvement Plan from a completed health and safety assessment section.*
- Training
 - *A training roster with participant identifying information removed.*
- Policy development or review
 - *A copy of the revised or newly developed policy.*
- Presentation at a community meeting
 - *Presentation slides, agenda, or announcement including date of presentation.*

Additional requirements:

- Describe the service provided in the space available so it is clear to the reviewer how the included documentation is evidence of competency.
 - Attached documents should be PDF, Word documents, PowerPoint slides, picture (JPEG) files. Other file types such as web pages (HTML) or email attachments do not always open correctly.
 - 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.
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Q13 Choose the six areas of focus you will use in your application:

- Illness and Infectious Diseases (1)
- Children with Special Health Care Needs (4)
- Medication Administration (5)
- Safety and Injury Prevention (6)
- Emergency Preparedness, Response, and Recovery (7)
- Infant and Child Social and Emotional Wellbeing (9)
- Child Abuse and Neglect (11)
- Nutrition and Physical Activity (12)
- Oral Health (13)
- Environmental Health (14)
- Staff Health and Wellness (15)

Information required for each of the six chosen areas of focus:

Q15 Service provided:

- Consultation/coaching/technical assistance (1)
- Training/health education (2)
- Assessment and quality improvement planning using the NC HSAET (4)
- Policy review, development, and implementation (3)
- Other (5) _____

Q16 Description

- Date of service (1) _____
- Description (2) _____

Q17 Documentation

Q58 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.

Q59 Signature

SAMPLE