

# NH Afterschool Credential Application

## I. APPLICATION INFORMATION

Please print the fee in the box to the left of each credential for which you are applying. Credential level is dependent on qualifications and will be determined by the Credentialing Specialist.

### CREREDENTIAL

	NH Afterschool Direct Service		
	NH Afterschool Administrator		
	NH Afterschool Master Professional (check all that apply):		
<input type="checkbox"/>	Program Mentor	<input type="checkbox"/>	Faculty
<input type="checkbox"/>	Workshop Trainer	<input type="checkbox"/>	Allied Professional
	NH Afterschool Leadership Endorsement		

- |  |   |
|--|---|
| <input type="checkbox"/> New Credential (\$15.00)/credential     | <input type="checkbox"/> Application for Renewal (\$10.00)/credential |
| <input type="checkbox"/> Expired Credential (\$15.00)/credential | <input type="checkbox"/> Leadership Endorsement (\$5.00)              |
| <input type="checkbox"/> Credential Reprint (\$3.00)/credential  |   |

**Make checks payable to: Treasurer, State of NH**

## II. PERSONAL INFORMATION

Name:

\_\_\_\_\_

*(Please print your name exactly as you want it to appear on your credential)*

**Other name/s in which information may be received - maiden name, etc.**

Mailing Address:

E-mail:

Primary Telephone: (     )

Work Telephone: (     )

## III. EDUCATION and SPECIALIZED COURSEWORK

A copy of your high school diploma, GED or HiSET certificate may be required for some lattice levels. College coursework\* must be completed at a regionally accredited institute of higher education. College transcripts must arrive in a sealed envelope or electronically from the college registrar's office.

\*Refer to lattices and "Approved Coursework" for reference.

	<i>Institution</i>	<i>City/State</i>	<i>Date of Completion</i>
<b>High School Diploma: or GED/HiSET:</b>			
<i>Colleges/Universities</i>	<i>City/State</i>	<i>Dates of Attendance</i>	<i>Degree(s) Awarded (If Applicable)</i>

**FOR OFFICE USE ONLY:**

Date Application Received: \_\_\_\_\_ Date Payment Received: \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \_\_\_\_\_

Credential(s) Awarded: \_\_\_\_\_ Date: \_\_\_\_\_ Expiration: \_\_\_\_\_

IV. EMPLOYMENT INFORMATION	
<i>Name of Program/Employer:</i>	
<i>Address:</i>	
<i>Phone number:</i>	
<input type="checkbox"/> <i>Full Time (Hours/week):</i> _____	<input type="checkbox"/> <i>Part Time (Hours/week):</i> _____

V. WORK EXPERIENCE
<p>Please attach:</p> <ul style="list-style-type: none"> <li>• Your <i>updated</i> resume, including current position.</li> <li>• Work verification letter(s) (see Appendix).</li> </ul>

VI. ONGOING PROFESSIONAL DEVELOPMENT
<p><i>Please attach a copy of your NH Professional Registry Training Transcript or copies of training certificates including dates, length of training, and training title. The presenter or host agency must sign certificates. Only submit documentation for the number of hours required for the credential for which you are applying.</i></p>

VII. PROFESSIONAL ACTIVITIES
<p><i>Please attach a copy of the Professional Activities Matrix and the required documentation for activities completed (please only copy the pages that have an activity you completed).</i></p>

*The information presented in this packet is complete and accurate to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Education and Specialized Coursework** require official college transcripts. Both carry no time limit.

**Work experience** is time spent working in an afterschool setting. Work experience requires third party documentation, such as the **Employment Verification** letter in the Appendix. It carries no time limit.

**Ongoing professional development** requires documentation and should be completed one year prior to your initial credential application date.

See the **Professional Activities Matrix** for options.

The Afterschool Credential is valid for **three** years. Renewal criteria are also listed on the lattices.

Please contact the Credentialing Specialist at 603-271-4684 with questions or if assistance is needed to complete the application.

Mail completed application and supporting documents to:

**DHHS/DEHS/Bureau of Child Development and Head Start Collaboration**  
**ATTN: Credentialing Specialist**  
**129 Pleasant Street**  
**Concord, NH 03301**

*Please Note: All supporting credential documentation must be received within 60 days of your initial credential application.*