

Gateways to Opportunity® Credentials

Supplement Application

Technical Assistance Credential

For questions and additional information about Gateways Credentials, visit us online at www.ilgateways.com or call (866) 697-8278. The Technical Assistance Credential (TA) is for professionals in Illinois working to provide relationship-based professional development as a coach, mentor and/or professional development advisor.

Please check one box below:

- I am applying for the Technical Assistance Credential (new applicant)
- I want to Level Advance my current Technical Assistance Credential

All applicants must submit:

- Gateways Registry Membership Application or an Information Update Form with this Credential application.
- \$65 Credential Fee.
 - If paying by credit card, visit Gateways Registry website at registry.ilgateways.com.
 - All checks made payable to INCCRRA.
 - **Credential fees are non-refundable and non-transferrable.**
- Official Transcripts from accredited college(s) or university(s).
 - If INCCRRA already has your official transcript on file, you do not need to resend.
 - Official transcripts can be submitted electronically to transcripts@inccrra.org.
 - **Please note:** Completion of an Associate's degree of higher is required for this Credential.
- Work & Practical Experience verification form (must include an attached job description or statement of coaching, mentoring and technical assistance experience).

How did you first learn about Gateways to Opportunity Credentials? (check only one)

- | | | |
|---|--|---|
| <input type="radio"/> Center Director | <input type="radio"/> Local Child Care Resource & Referral | <input type="radio"/> Conference/Presentation |
| <input type="radio"/> Mailing | <input type="radio"/> Co-worker | <input type="radio"/> Provider Association |
| <input type="radio"/> Website/Social Networking | <input type="radio"/> Professional Development Advisor (PDA) | <input type="radio"/> Other _____ |

APPLICANT SIGNATURE

I verify that I have read this paragraph and that all information provided is true and accurate. By signing below I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted. I understand that the Illinois Department of Human Services may use my name and application information for research/evaluation purposes. I understand that any false or misleading statements or subsequent documentation may constitute grounds for denial or subsequent withdrawal of any Gateways to Opportunity Credential. *Additional information will be required.*

Print Name: _____

Applicant Signature: _____ Date: _____

Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701

Gateways Technical Assistance Credential

Credential Information

The Technical Assistance Credential is designed for professionals in Illinois working in a variety of roles that relate to relationship-based professional development.

The Technical Assistance Credential is a symbol of professional achievement that validates those who:

- Act as a coach, mentor, consultant, and/or technical assistance provider for ECE/School-Age professionals
- Utilize relationship-based methods to recognize and build on strengths and capacities of practitioners and programs
- Understand principles of adult learning
- Exhibit commitment to the use of evidence-based practices when providing services to others
- Demonstrate action in pursuit of their own professional development

NAEYC Definitions

Technical Assistance (TA) is the provision of targeted and customized supports by a professional(s) with subject matter and adult learning knowledge and skills to develop or strengthen processes, knowledge application, or implementation of services by recipients.

Examples: Help teacher arrange classrooms based on the ECERS-R tool, help a program towards accreditation, inform teachers on the ExceleRate process.

Mentoring is a relationship-based process between colleagues in similar professional roles, with a more-experienced individual with adult learning knowledge and skills, the mentor, providing guidance and example to the less-experienced protégé or mentee. Mentoring is intended to increase an individual's personal or professional capacity, resulting in greater professional effectiveness.

Examples: Support protégés who are new to the field, improve retention of new and/or experienced teachers, help translate coursework theory into classroom practice.

Coaching is a relationship-based process led by an expert with specialized and adult learning knowledge and skills, who often serves in a different professional role than the recipient(s). Coaching is designed to build capacity for specific professional dispositions, skills, and behaviors and is focused on goal-setting and achievement for an individual or group.

Example: Supports the development of specific skills and practices with a focus on performance-based outcome(s).

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Relationship-based Coaching, Mentoring or Technical Assistance Work Experience—Verification Form

Please complete this form to validate your work experience as a relationship-based coach, mentor, or technical assistance provider. **Use a separate form for each work experience/position.** Please include one of the following to evidence your relationship-based coaching, mentoring, and technical assistance experience:

- Job description
- Scope of Work/Contract
- Written or typed statement about your relationship-based coaching, mentoring, and technical assistance work experience. (The NAEYC definitions are attached for your reference.)
- Resume
- Other: _____

Step 1: Personal Information

Name: _____ Registry Member ID: _____

Step 2: Work Experience /Position (check only one)

- Quality Specialist
- Infant Toddler Specialist
- Director
- Program Coordinator
- Lead Teacher/Mentor
- Consultant
- Family Child Care Provider
- Other: _____

Position Start Date: _____ End Date: _____

Example: Consultant works 40 hours per week on various projects. 6 hours per week is spent directly in an **intentional relationship-based coaching** role with an additional 1.5 hours of preparation and follow-up. Total hours per week would be 7.5 hours providing relationship-based professional development to providers.

Please note: Intentional relationship-based coaching and mentoring is typically a small portion of full-time job duties as illustrated using the formula below.

Please complete your experience in this position below:

_____ hours per week in direct service as a relationship-based coach, mentor, or technical assistance provider.

_____ weeks worked per year.

_____ total years in this position.

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Technical Assistance Work Experience—Written Statement

For each position listed, please provide a written statement with specific examples of how you have provided relationship-based coaching, mentoring, or technical assistance to professionals in the field of early care and education and/or school-age.

Step 3: Written Statement

Please use the space provided below (or attach typed document) (75 words or less).

Step 4: Technical Assistance Experience Verification

Please provide the name and contact information for someone that could verify your experience as a relationship-based coach, mentor, or technical assistance provider. (Examples include: current or previous employers or professional colleagues.) Please note: we may contact to verify.

Contact Name: _____

Email: _____ Phone: _____

Affiliation to applicant (*How is this contact knowledgeable about your experience as a relationship-based coach, mentor, or technical assistance provider?*):

Participant Signature: _____ **Date:** _____

By signing the above, I verify that the information provided herein is accurate and correct to the best of my knowledge. I understand false or misleading statements or subsequent documentation may constitute grounds for denial of a Gateways to Opportunity Credential.

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ECE/School-Age Work & Practical Experience—Verification Form

Please complete and have this form signed by a supervisor, director, or the Human Resources department to validate your work experience providing direct service to children. **Use a separate section for each role and age group. Use a separate form for each employer.**

NOTE: The Technical Assistance Credential requires work experience with children as well as relationship-based coaching, mentoring, and technical assistance work experience.

Personal Information

Name: _____ Registry Member ID: _____

Position: _____ Start Date (MO/YR): _____ End Date (MO/YR): _____

Hours per week: _____ x Weeks per year: _____ x # of years: _____ = Total Hours: _____

Infants/Toddlers (0–3) Preschool (3–5) School-Age (5–12)

Position: _____ Start Date (MO/YR): _____ End Date (MO/YR): _____

Hours per week: _____ x Weeks per year: _____ x # of years: _____ = Total Hours: _____

Infants/Toddlers (0–3) Preschool (3–5) School-Age (5–12)

Position: _____ Start Date (MO/YR): _____ End Date (MO/YR): _____

Hours per week: _____ x Weeks per year: _____ x # of years: _____ = Total Hours: _____

Infants/Toddlers (0–3) Preschool (3–5) School-Age (5–12)

Contact Information

Contact Name: _____

Company Name: _____

Company Address: _____

Company Phone: _____

Signature and title of contact who can verify your work experience:

Date: _____

By signing the above, I verify that the information provided herein is accurate and correct to the best of my knowledge.

Participant Signature: _____ **Date:** _____

By signing the above, I verify that the information provided herein is accurate and correct to the best of my knowledge. I understand false or misleading statements or subsequent documentation may constitute grounds for denial of a Gateways to Opportunity Credential.

Information Update Form

SECTION 1 - CONTACT / PERSONAL INFORMATION

The Information Update form is used to update your information. Please fill out the Information Update Form and the corresponding program supplement to participate in a Gateways program. For questions and additional information please call (866) 697-8278 or visit us at www.ilgateways.com.

First Name: _____ Middle Initial: _____

Last Name: _____

Has your name changed in the last 12 months? Yes No If yes, list previous name: _____

Person ID/Registry Member ID: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Please contact me at my: Home Address/Phone Work Address/Phone (if completing section 2)

SECTION 2 – CURRENT EMPLOYMENT

Please complete this section only if you are currently in part-time or full-time paid employment in the fields of Early Care and Education, School-Age, Youth Development, or Early Childhood Family Support. **If this does not apply to you, please skip this section.**

Employer Business Name: _____

Work Site Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Work Phone: _____ Work Fax: _____

Type of Program: (check only one)

- | | |
|--|---|
| <input type="radio"/> Child Care Center | <input type="radio"/> School-Age/Youth Development Program Only |
| <input type="radio"/> Family Child Care Home | <input type="radio"/> Public or Private School |
| <input type="radio"/> Group Family Child Care Home | <input type="radio"/> Child Care Resource & Referral (CCR&R) |
| <input type="radio"/> Head Start | <input type="radio"/> Other _____ |

This program is: Licensed by Illinois Department of Children and Family Services* License-Exempt N/A

*If Licensed, License ID number: _____ Licensed Capacity: _____

Date Employment Began: *(with this employer)* _____

Current Position Title: _____ Position Code: _____

Current Position Start Date: _____ *(refer to below)*

Hours worked per week: _____ Weeks worked per year: _____

Position Codes <i>(to be used above)</i>	
Direct Services to Children	
1. Director and/or Administrator (one-site)	10. Group Family Child Care Provider
2. Assistant Director	11. Group Family Child Care Assistant
3. Director/Teacher	12. School-Age Child Care Teacher
4. Teacher	13. School-Age Child Care Assistant
5. Assistant Teacher	14. Youth Development Practitioner
6. Teacher Aide (Preschool for All)	15. Other Direct Service
7. Substitute/Floater	23. Home Visitors
8. Family Child Care Provider	24. Home Visitor Supervisor
9. Family Child Care Assistant	25. Family, Friend, or Neighbor Caregiver
Indirect Services	
16. Director/Administrator (multi-site)	20. Education/Curriculum Coordinator
17. CCR&R Staff	21. Consultant
18. Higher Education Faculty/Staff	22. Other Indirect Services
19. Trainer	

Ages of Children You Currently Work With *(Family Child Care check all that apply, others check only one.)*

Infant *(6 wks-14 months)*

School-Age *(K-12 years)*

Toddler *(15-23 months)*

Youth *(13-21 years)*

Twos *(24-35 months)*

Not Applicable *(N/A)*

Preschool *(3-5 years)*

SECTION 3 – APPLICANT SIGNATURE

I verify that all information provided is true and accurate. I understand that INCCRRA or the Illinois Department of Human Services may use my information for research/evaluation purposes. For more information, please view the Privacy Policy at: www.ilgateways.com. I also understand that I will become a member of the Gateways to Opportunity Registry. I understand that periodically a **limited** amount of my Registry record information may be released to IDCF, IDHS, OECD and/or my program administrator in order to verify compliance with State requirements and/or ExceleRate Illinois standards. This information would be related to my Registry membership being current; number of training hours completed; and/or status or completion of certain training, formal education or credentials as required by the State and/or ExceleRate.

Print Name: _____

Applicant Signature: _____ **Date:** _____

If applicant is under the age of 18, a parent or legal guardian signature is required below.

Print Name: _____

Parent/Legal Guardian: _____ **Date:** _____

Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701