



Enrollment Application

Early Childhood Education Lead Teachers - Nonpublic Schools

Section 1	Teacher Information			Date	(EESLPD Unit Use Only)	
	Use the Tab key to maneuver. Fill in each blank or write N/A. Please print accurately or write legibly. Enter your entire legal name as it appears on your social security card.			___/___/___		
Prefix	First Name	Middle Name	Maiden Name	Last Name		
Home Mailing Address		City		State	Zip Code	
				NC		
Home Phone (999)999-9999		Cell Phone (999)999-9999		Alternate Phone (999)999-9999		
Personal Email Address				County of Residence		
Section 2	Facility Information		Type of Program Facility			
			<input type="checkbox"/> Private Child Care		<input type="checkbox"/> Head Start	
I teach <input type="checkbox"/> NC Pre-K <input type="checkbox"/> Preschoolers <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Other _____						
Hire Date (mm/dd/yyyy)			Site County		DCDEE Star Rating	
Site Name				Site (999)999-9999		
Site Physical Address			City		Zip Code	
Primary Site Administrator / Director Name			Email		Phone (999)999-9999	
Secondary Site Administrator / Director Name			Email		Phone (999)999-9999	
Section 3	Education and Licensure Information		Do you hold a NC Professional Educator's License?			
			<input type="checkbox"/> Yes (If "Yes" attach a copy of the teaching license)		<input type="checkbox"/> No (If "No" proceed to University/College Name below)	
<input type="checkbox"/> Initial <input type="checkbox"/> Continuing <input type="checkbox"/> Lateral Entry <input type="checkbox"/> Residency <input type="checkbox"/> License Area _____						
Education			AA / AS	BA / BS	MA / MS	EdD/PhD
University/College Name:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education			AA / AS	BA / BS	MA / MS	EdD/PhD
University/College Name:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed the Beginning Teacher Support Program (BTSP)? <input type="checkbox"/> Yes <input type="checkbox"/> No				If "Yes", attach your most recent Teacher Evaluation Summary Ratings Form and Professional Development Plan, if applicable		

Section 4 Requirements for Birth - Kindergarten (BK) Plan of Study

If you do not hold a NC Educator's Professional License, you are required by NC General Statute 115C-296 to enroll with an approved NC Department of Public Instruction (NCDPI) [Educator Preparation Program \(EPP\)](#) for a BK Licensure Plan of Study. You must enter the name of the EPP you will attend below.

College / University Name	BK Advisor	Phone (999)999-9999

The EESLPD Unit will submit the applicable form to the approved EPP listed above verifying your employment.

Please note that your signature below is verification of your acknowledgement of the requirement above:

Teacher's Signature: _____

Site Administrator / Director Signature: _____

If you hold a NC Educator's Professional License in an area other than Birth - Kindergarten (BK) or Pre-K/K, you are required by NC General Statute 115C-296 to enroll with an approved NC Department of Public Instruction (NCDPI) [Educator Preparation Program \(EPP\)](#) for a Pre-K or BK Add-On Licensure Plan of Study. You must enter the name of the EPP you will attend below.

College / University Name	BK Advisor	Phone (999)999-9999

Please note that your signature below is verification of your acknowledgement of the requirement above:

Teacher's Signature: _____

Site Administrator / Director Signature: _____

Section 5: Site Administrator / Director - Verification of Teacher Documents

The teacher's Site Administrator/Director signature verifies that all documents have been included in the packet prior to the submission to the EESLPD Unit.

Option A: Teachers who require a Residency Birth - Kindergarten License

Effective July 1, 2019, the NC General Statute 115C-296 has Teachers who require a Residency License must submit all official degreed and nondegreed college transcripts and an official Plan of Study with the enrollment application.

Subject	Required Document (s)	Site Administrators Initials
BA/BS degree in any field (attach ALL original sealed transcripts for ALL coursework completed)	ALL original sealed official degreed and nondegreed transcripts from colleges/universities - <u>DO NOT</u> fax transcripts	
BA/BS degree conferred from an out of state college/university require Form V - Verification of Completion of Education	Form V - Verification of Completion of Education	
Enrolled in an Educator Preparation Program (EPP) with an approved BK Teacher Education Program	Official Plan of Study signed and dated by assigned BK Advisor	
Test Scores	Other State's Teacher's License (Test scores required by state must be included.)	
Beginning Teacher Support Program (BTSP). Applies only if teacher participated/completed a BTSP Program.	<u>Most recent</u> Teacher Evaluation Summary Rating Form and Professional Development Plan	

Optional: For prior years of teaching experience to be submitted with your Birth-Kindergarten or Pre-K Add On License, please submit [Form E - Verification of K-12 Educator Experience](#) with the required documents.

Option B: Teachers who hold a NC Professional Educator's License in an area other than BK

Teachers who hold a NC Educator's License in an area other than Birth - Kindergarten must submit a legible copy of the license, and an official Plan of Study for a BK or Pre-K Add On with the enrollment application.

Subject	Required Document (s)	Site Administrators Initials
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Verification of teaching license	Legible copy of teaching license	
Subject	Required Document (s)	Site Administrators Initials
Enrolled in an Educator Preparation Program (EPP) with an approved BK Teacher Education Program	Official Plan of Study for a BK or Pre-K Add On signed and dated by assigned BK Advisor	
Optional: For prior years of teaching experience to be submitted with your Birth-Kindergarten or Pre-K Add On License, please submit Form E – Verification of K-12 Educator Experience with the required documents.		
Option C: Teachers who hold an Out of State License		
Teachers who hold an Out of State License must submit a legible copy of the teaching license, all official degreed and nondegreed transcripts and an official Plan of Study with the enrollment application.		
Subject	Required Document (s)	Site Administrators Initials
BA/BS degree conferred from an out of state college/university require Form V - Verification of Completion of Education	Form V - Verification of Completion of Education	
Verification of teaching license	Legible copy of teaching license	
Enrolled in an Educator Preparation Program (EPP) with an approved BK Teacher Education Program	Official Plan of Study for a BK or Pre-K Add On signed and dated by assigned BK Advisor	
Test Scores	Other State's Teacher's License (Test scores required by state must be included.)	
Optional: For prior years of teaching experience to be submitted with your Birth-Kindergarten or Pre-K Add On License, please submit Form E – Verification of K-12 Educator Experience with the required documents.		

Section 6 | Site Administrator/Director - Verification of Completion and Accuracy

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

All required documents, initialed by me in Section 5 are attached. I understand that the submission of this application without required documents will delay a complete enrollment with the EESLPD Unit.

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

Before submission, this application must be completed in its entirety, signed and dated by the applicant. Incomplete applications will **NOT** be processed.

Teacher's 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, all required official transcripts and associated documents by US standard or certified mail.

Mailing Address: Attn: EESLPD Intake and Enrollment
 2201 Mail Service Center
 Raleigh, NC 27699-2200

Applicants should retain a copy of this form and any attached documentation for your records