



<b>Section I</b>		<b>Teacher Information</b> Use the Tab key to maneuver. Fill in each blank or write N/A. Please print legibly or type. Enter <u>your entire legal name as it appears on your social security card.</u>				<b>Date</b> ____/____/____	
<b>Prefix</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Maiden Name</b>		<b>Last Name</b>		
<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.							
<b>Home Mailing Address</b>			<b>City</b>		<b>State</b>	<b>Zip Code</b>	
					NC		
<b>Home Phone (999)999-9999</b>		<b>Cell Phone (999)999-9999</b>		<b>Alternate Phone (999)999-9999</b>			
<b>Personal Email Address</b>				<b>County of Residence</b>			
<b>Section II</b>		<b>Facility Information</b>		<b>Type of Program Facility</b>			
				<input type="checkbox"/> Private Child Care		<input type="checkbox"/> Head Start	
				<input type="checkbox"/> Developmental Day			
<b>Hire Date (mm/dd/yyyy)</b>			<b>Site County</b>				
<b>Site Name</b>					<b>Phone # (999)999-9999</b>		
<b>Site Physical Address</b>				<b>City</b>		<b>Zip Code</b>	
<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	<b>Primary Site Administrator / Director Name</b>		<b>Email</b>			<b>Phone # (999)999-9999</b>	
<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	<b>Secondary Site Contact Name (if applicable)</b>		<b>Email</b>			<b>Phone # (999)999-9999</b>	
<b>Section III</b>		<b>Education and Licensure Information</b>		<b>Do you hold a NC Professional Educator's License?</b>			
				<input type="checkbox"/> Yes (If "Yes" attach a copy of teaching license)		<input type="checkbox"/> No (If "No" proceed to University/College Name)	
<input type="checkbox"/> Initial <input type="checkbox"/> Continuing <input type="checkbox"/> Lateral Entry <input type="checkbox"/> License Area _____							
<b>University/College Name</b>		<b>AA/AAS</b>	<b>BA/BS</b>	<b>MA/MS</b>	<b>EdD/PhD</b>		
<b>University/College Name</b>		<b>AA/AAS</b>	<b>BA/BS</b>	<b>MA/MS</b>	<b>EdD/PhD</b>		
<b>Have you completed the Beginning Teacher Support Program (BTSP)?</b> <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.			

<b>Section IV</b>	<b>Birth – Kindergarten Licensure Status</b>	
<p><b>Are you enrolled in an accredited College or University with an approved BK Licensure Program?</b> If no, please see link below for a list of approved BK Licensure Programs. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  <a href="http://ncchildcare.dhhs.state.nc.us/pdf_forms/NCPre-K_ApprovedBKProgramsNC.pdf">http://ncchildcare.dhhs.state.nc.us/pdf_forms/NCPre-K_ApprovedBKProgramsNC.pdf</a></p>		
<b>College / University (IHE) Name</b>	<b>IHE Advisor</b>	<b>Phone # (999)999-9999</b>
<p><b>Are you affiliated with the NC Department of Public Instruction NASH Regional Alternative Licensing Center (RALC)?</b>  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p>		
<p><b>Do you have a Plan of Study or Licensure-Only Plan?</b> (If "Yes", attach copy) <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p>		
<p><b>Have you completed all required coursework in your Plan of Study or Licensure Only Plan?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p>		
<p><b>If NO, how many semester hours are needed to complete your Plan of Study or Licensure Only Plan? #SH_____</b></p>		
<b>Section V</b>	<b>Professional Development (Select all that apply)</b>	
<p><b>Training is required in the NC Foundations for Early Learning and Development (NCFELD) Standards</b>  <a href="http://ncchildcare.nc.gov/providers/pv_foundations.asp">http://ncchildcare.nc.gov/providers/pv_foundations.asp</a>. Check the box that represents your status:</p>		
<p><input type="checkbox"/> I have completed NCFELD training and <b>attached a copy of the Foundation's certificate</b>. (Completed since 2013 only).  <b>Overview (5 CEU) 12 Modules</b></p>		
<p><input type="checkbox"/> I have reviewed the NCFELD located on the EESLPD Unit website at:  <a href="http://ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf">http://ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf</a>. I am prepared to use this information in my work as verified by my signature and the date below. <b>I will attend future required trainings.</b></p>		
<p><input type="checkbox"/> <b>See additional foundations Requirements:</b> <a href="http://ncchildcare.nc.gov/general/mb_eeslpd.asp">http://ncchildcare.nc.gov/general/mb_eeslpd.asp</a> / Professional Development Section</p>		
<p>Teacher's Signature _____ Date ____/____/_____</p>		
<b>Section VI</b>	<b>Site Administrator / Director – Verification of Teacher Documents</b>	
<p><b>Section A: Teachers who require a NC Lateral Entry Birth-Kindergarten License</b>  <i>Teachers who require a NC Lateral Entry Birth-Kindergarten (BK) License must submit all official degreed and nondegree college transcripts and official Plan of Study with the enrollment application.</i></p>		
<b>Subject</b>	<b>Required Document(s)</b>	<b>Verification by Site Administrator</b> (Initial ONLY if documents attached)
BA/BS degree in any field (attach <u>ALL</u> original transcripts for <u>ALL</u> coursework completed)	ALL <u>original official</u> degreed and nondegreed transcripts from college/university – <b>DO NOT</b> fax transcripts. Electronic transcripts will not be accepted.	
BA/BS degree conferred from an out of state college/university require Form V-Verification of Completion of Education	<a href="#">Form V – Verification of Completion of Education</a>	
If your BA/BS degree has a cumulative GPA below 2.5, Form E – Verification of K-12 Educator Experience must be completed to reflect 5 years of lead teacher experience	<a href="#">Form E – Verification of K-12 Educator Experience</a>	
Enrolled in an accredited college or university with an approved BK Licensure Program	Official Plan of Study	
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.	Most <u>recent</u> Teacher Evaluation Summary Rating Form <u>and</u> Professional Development Plan	
<p><i>Optional: For prior years of teaching experience to be submitted with your Lateral Entry Birth-Kindergarten License, please submit <a href="#">Form E – Verification of K-12 Educator Experience</a> along with applicable required documents.</i></p>		

**Section B: Teachers who hold a NC Educator’s License**

*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 Pre-K/BK Add on with the enrollment application.*

<b>Subject</b>	<b>Required Document(s)</b>	<b>Verification by Site Administrator</b> (Initial ONLY if documents attached)
Legible copy of teaching license	Legible copy of teaching license	
Enrolled in an accredited college or university with an approved BK Licensure Program	Official Plan of Study for a Pre-K/BK Add On	
<i>Optional: For prior years of teaching experience to be submitted with your Pre-K/BK Add On License, please submit <u>Form E – Verification of K-12 Educator Experience</u> along with applicable required documents.</i>		

**Section 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.*

<b>Subject</b>	<b>Required Document(s)</b>	<b>Verification by Site Administrator</b> (Initial ONLY if documents attached)
BA/BS degree in any field (attach <u>ALL</u> original transcripts for <u>ALL</u> coursework completed)	ALL <u>paper</u> official degreed and nondegreed transcripts from college/university – <u>DO NOT</u> fax transcripts. Electronic transcripts will not be accepted.	
BA/BS degree conferred from an out of state college/university require Form V-Verification of Completion of Education	<a href="#">Form V – Verification of Completion of Education</a>	
Legible copy of teaching license	Legible copy of teaching license	
Enrolled in an accredited college or university with an approved BK Licensure Program	Official Plan of Study	
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 Out of State Licensure request, please submit Form E – Verification of K-12 Educator Experience along with applicable required documents.*

**Section VII    Site Administrator / Director – Verification of Completion and Accuracy**

I, \_\_\_\_\_ verify that I have reviewed the enrollment packet for completion and accuracy  
 Site Administrator/ Director - Print Name

and that all required documents, initialed by me in Section VI above are attached.

NOTE: Enrollment with the EESLPD Unit cannot be processed if this form is incomplete.

Site Administrator / Director Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***This application must be completed, signed and dated by the applicant: I attest to the accuracy of the above information.***

Teacher’s Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Mailing Address:** Attn: EESLPD Enrollment Specialist, Meck Pre-K, 2201 Mail Service Center, Raleigh, NC 27699-2200  
***Applicants should retain a copy of this form and any attached documentation for your records.***