

## Texas Director's Credential Application



### Minimum Enrollment Requirements:

- 21 years old or older (Picture ID or Driver's License)
- High School Diplomas or Equivalent
- At least 2 years experiences with early childhood children in a licensed center, or public school (PK-3<sup>rd</sup> Grade) (written proof of employment is required)
- Current CPR & First Aid Card
- Clear criminal history check (notarized affidavit or copy of cleared criminal check licensing letter)
- One letter of recommendation (reference's name, address, telephone)
- Copies of all requested above items prepared for the Department of Family & Protective Service Licensing
- Mail or Drop off completed application with a \$75 deposit (non-refundable) 2WEEKS prior to the first class date.

Today' Date: \_\_\_\_\_

Class Course Date: \_\_\_\_\_ Location: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initials \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Fax# \_\_\_\_\_

Email address: \_\_\_\_\_

Date on High School Diploma or GED: \_\_\_\_\_ Driver's License or ID#: \_\_\_\_\_

Type of Program:  registered family  group licensed home  licensed child care  afterschool  school district

Your Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Names: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

### Applicant Statement:

I certify that the answers given on this application are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application, as it is necessary to be accepted into this credentialing class. By signing this application, I agree to the terms of these statements.

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

Print Your Name: \_\_\_\_\_

### Refund Policy

Refunds are issued only if written request is postmarked 30 days prior to course. The refund will be 50% of paid amount of \$500 only. The \$75 deposit is non-refundable.

### Credential Agreement

Total Course Fee- **\$575.00 (\$75 deposit (non-refundable) submitted 2 WEEKS prior to the first class date. Remaining balance of \$500 will be due on the first class day).** The late deposit fee after due date is \$75. Applicant will receive a certificate of credential when all enrollment and completion of program requirements are met. The credential is valid for two years from issued date and must be renewed before the expiration date. The renewal fee is \$100 and late fee is \$75 (after certificate expiration date). Rush order fee is \$35. Request for renewal must be received within 3 months prior to expiration. Accompany with written request for renewal, a copy of training certificate(s) confirming 30 clock hours of training, (10-management, 10-child development, 10-childcare of choice) and a copy of the last licensing visit with no serious negative deficiencies. Credential will be revoked if participant does not response or fall to renew at 3 months from expiration date. Grounds for reprimand will be considered if credential holder is place o probation by the DFPS Licensing for reoccurring negative deficiencies. Three reprimands will lead to credential being revoked.

Mail /Drop Off Application to: A+ Center for Education, \* P.O. Box 3820 \* Edinburg, TX 78540 \* Tel# (956) 381-9988 \* Fax# (956) 381-5857  
2806 Fountain Plaza Blvd., Edinburg TX 78539