



**CT Director Credential
Renewal Application**

To renew your CT Director Credential, please complete the following information. You must include all required documentation in order for your application to be processed. Please print out and sign all required pages and email this entire application along with supporting documentation to cdrenewal@charteroak.edu.

Date of Application: _____

PART 1: PERSONAL INFORMATION

Student ID#	
Name	
Home Address	
City, State, Zip Code	

PART 2: WORK INFORMATION

Name of Program	
Address	
City, State, Zip Code	
Is your program accredited?	

PART 3: EDUCATION INFORMATION

Please complete this section describing your education and experience of either a) one 3-credit college course taken since your last certificate was issued; or b) professional development hours (60 hours are required for the initial and standard level, 120 hours are required for the master level). **Please complete either A or B below.**

Option A

I have completed an additional 3-credit course from an approved institution of higher learning and have arranged to have my transcripts sent to the Registrar's Office at Charter Oak State College.

Course Name: _____

Institution: _____

Option B

I have completed professional development hours and have completed the official documentation of training worksheet and have had the form verified by an authorized representative. The authorized representative verifying my training is:

Name: _____

Agency: _____

Contact Information: _____

PART 4: PROFESSIONAL CONTRIBUTIONS

- I have completed the official documentation of professional contributions form.
- I have prepared no more than one file of documentation to submit with this application for each professional contribution that I have listed.

PART 5: SIGNATURE AND DATE

By signing below, I verify that I am applying for renewal of the Connecticut Director Credential at the following level:

- Initial
- Standard
- Master

Documentation for my training and professional contributions is true and complete to the best of my knowledge. I understand that my file will be reviewed within 30 days and that if a new certificate is issued it will be sent to me on the nearest certificate date of conferral (May 31, August 31st or December 31st). A letter verifying the renewal will be sent to me once my renewal requirements have been verified as met.

Signature

Date

Documentation of Professional Contributions

Please complete this section detailing your professional contributions to the field since the date your last certificate was issued. Candidates for renewal at the initial or standard level must document 3 professional contributions. Candidates for renewal at the master level must document 6 professional contributions. All professional contributions should be documented in one of the following six areas:

1. **Service in a leadership role in a professional organization:**
2. **Professional Development Presentations:**
3. **Advocacy:**
4. **Program Improvement for the Field:**
5. **Writing and Publication:**
6. **Research/Grant-writing:**

Title of Contribution	Explanation of Professional Contribution	Presenter or Agency Name	Approx. # of Hours	Explanation of how this contribution benefits society

If you are renewing at the initial or standard level, please stop here. If you are renewing at the master level, please continue to document three additional professional contributions.

Training Date	Topic	Presenter or Agency Name	Hours	Competency

Please add an additional sheet if required.

Authorized Representative: I have verified this training record to be on file for review from Office of Early Childhood Licensing division or the appropriate regulatory or accrediting agency responsible for monitoring the program for compliance. This record of training is true and complete to the best of my knowledge.

_____ **Authorized Representative Signature**

_____ **Date**