Child Care Aware of New Hampshire A Program of Community Action Partnership Hillsborough and Rockingham Counties

Child Care Aware of New Hampshire – Main Office 88 Temple Street, Nashua, NH 03060 Telephone: (603) 578-1386 or 1-855-393-1731 Fax: (603) 578-1736 http://nh-connections.org/ or www.CAPHR.org

INDIVIDUAL CREDENTIAL CHALLENGE COMMITMENT

Child Care Aware of NH (CCAoNH), a program of Community Action Partnership Hillsborough and Rockingham Counties and the Bureau of Child Development and Head Start Collaboration (BCDHSC) are once again teaming up to bring you the Credential Challenge. We challenge you to show your professionalism and be recognized for your accomplishments by becoming credentialed under the NH Early Childhood Professional Development System! Individuals participating will receive incentives and be entered to win some great raffle items for their participation.

If you are interested in becoming credentialed, we encourage you to complete the steps below to share your interest and intent with us.

| Your Name: | Program Name: | |
|---------------------------------|---|---|
| Individual Credential Challenge | ent Form (on page 2), and send to Child Care Aware of NH , by email crrta@caphr.org or by mail Child Care Aware cedential Challenge, 88 Temple Street, Nashua, NH 03060. | • |
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Step Two: Register, or update your information in the NHCIS Professional Registry and complete the employment and education sections.

Step Three: Receive Technical Assistance (TA) from a Child Care Aware of NH Training and Technical Assistance Specialist to complete your credential application(s). Assistance is available via Zoom, phone or onsite to meet your needs.

Step Four: Submit your Early Childhood Credential application by February 28, 2025. You can apply by mailing it to DHHS/DES/BCDHSC, Attn: Credentialing Specialist, 129 Pleasant Street, Concord, NH 03301, or by submitting it online through the Professional Registry and selecting the Credential tile.

The Bureau of Child Development and Head Start Collaboration will:

- Assist as needed with the credentialing application process.
- o Process the credential applications, in a timely manner, in the order they are received.
- Highlight and recognize each individual that successfully completes the Individual Credentialing Challenge during the 2025 Celebration of Early Childhood Professionals.





Information and Release Individual Credential Challenge Commitment

| I the undersigned, do I | nereby give and | d grant permission | | |
|---|------------------|--------------------|--|--|
| to Child Care Aware of New Hampshire (CCAoNH), a program of Community Action Partnership Hillsborough and Rockingham Counties, to share my individual and program information, when | | | | |
| applicable with the Bureau of Child Development and Head Start Collaboration (BCDHSC) for | | | | |
| purposes of obtaining my New Hampshire Professional Development Credential and/or to | | | | |
| participate in the Credential Challenge. | | | | |
| I understand that my assigned Training and Technical Assistan | ce (TA) Speciali | st through | | |
| CCAoNH will communicate with the BCDHSC in efforts for me to submit a complete credential | | | | |
| application and/or to meet the requirements of the Credential Challenge. I understand that all | | | | |
| final decisions regarding credentials awarded are determined by the BCDHSC. | | | | |
| Signature: | | | | |
| D | | _ | | |
| Printed Name: | | | | |
| Business Name: | | | | |
| | | | | |
| Business Address: | State: | Zip: | | |
| Phone: | | | | |
| Email: | | | | |
| | | | | |
| ☐ I will attend the 2025 Celebration of Early Childhood Professionals (<i>details TBA</i>) to receive my credential certificate(s). | | | | |
| ☐ I unfortunately am unable to attend the 2025 Celebration | of Farly Childho | and Professionals | | |
| and would like my credential(s) mailed to the address prov | • | ood i Toressionais | | |
| | | | | |
| Please keep a copy of this release form for your records and mail a copy to Child Care Aware of New Hampshire, | | | | |
| Attn: Individual Credential Challenge, 88 Temple Street, Nashua, NH 03060 or email ccrrta@caphr.org, please use subject line "Individual Credential Challenge". | | | | |
| To Be Completed by CCAoNH Staff | | | | |
| Date Commitment Form was Received: | | | | |
| Name of Training and TA Specialist Assigned: | | | | |
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