



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF CHILDREN'S WELLNESS
BUREAU OF CHILD CARE SERVICES (BCCS)

www.guamchildcare.com

671-735-7256



APPLICATION FOR PATH A CERTIFICATION

INSTRUCTIONS FOR FILLING OUT THIS FORM

To ensure you meet the deadline for certification, please follow these instructions carefully.

1. Complete this application and ensure all information is typed or printed legibly.
2. Attach clear copies of all supporting documents to the application.
For all applications:
 - Documents supporting highest education completed (Diploma/Transcript/Certificate)
 - Documents supporting new courses and/or trainings completed**For Renewal**
 - Previous Path A Certification**For Re-Evaluation**
 - Previous Path A Certification
 - Justification letter identifying need for re-evaluation**NOTE:**
 - Photos or “snapshots” will not be accepted.
 - Additional documents may be requested by the Guam Early Learning Council Early Childhood Professional Development Subcommittee (GELC ECPD Subcommittee).
 - BCCS will maintain all copies of documents submitted.
3. Submit this application and ALL supporting documents to your Early Childhood Director/Assistant Director/Child Care Owner for review. **NOTE:** Your Early Childhood Director/Child Care Owner is responsible for submitting your application and supporting documents to BCCS.
4. Deadline for submission is two months from hire date or two months before the expiration of your Path A Certification.
5. BCCS will only accept submission of Applications for Path A Certification during the first five (5) business days of the month. Should there be incomplete information and/or documentation upon the preliminary review, your application will be returned to your Early Childhood Director/Assistant Director/Child Care Owner.
NOTE: Applications and supporting documents will not be accepted electronically.
6. Your application and supporting documents will be reviewed by the GELC ECPD Subcommittee on the last Thursday of every month. The GELC ECPDS will validate or deny all Applications for Path A Certification.
7. Upon completion of review and certification by the GELC ECPD Subcommittee, BCCS will contact your Early Childhood Directors/Assistant Director/Child Care Owner for pick up via email or telephone.

Definitions:

1. **New Application:** Initial application for newly employed childcare providers.
2. **Renewal Application:** Path A Certification will expire in no less than two (2) months, or has expired.
3. **Re-Evaluation Application:** Provider has a Path A Certification, and has since received additional training and/or education that may elevate certification level.



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APPLICATION FOR PATH A CERTIFICATION

Section 1(a): APPLICANT INFORMATION

Type of Application for Path A Certification

NEW

RENEWAL

RE-EVALUATION

Child Care Center: _____

Name (Last, First, MI): _____

Previous Name(s): _____

Mailing Address: _____

Contact Number(s): _____

Email Address: _____

Job Title: _____

Date of Hire: _____

Section 1(b): FOR RENEWAL / RE-EVALUATION

Current Type of Early Childhood Provider: Assistant Provider Lead Provider Master Provider

Current Level of Early Childhood Provider: Pre-Credential 1 2 3 4

No. of Times Renewed at Current Level: _____

Last Certification Date: _____ Expiration Date: _____

Section 2: EMPLOYER INFORMATION

Immediate Supervisor: _____

Child Care Center Director/Owner: _____

Contact Number: _____

Email Address: _____

Section 3: COURSE/TRAINING INFORMATION

Please list the courses and/or trainings completed for this application. Each course and/or training indicated must be accompanied by documentation in the form of a certificate, letter, or transcript. **Attach supporting documents in the order listed below.** Unofficial transcripts within the last 3 years will be accepted. The subcommittee reserves the right to request for official transcript.

Official Use Only	No.	Name of Course or Training	Instructor/Sponsor
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
	11		
	12		
	13		
	14		
	15		
	16		
	17		
	18		
	19		
	20		

*If additional information is needed to complete the Course/Training Information Section, please use a separate sheet of paper applying the same format above.

Section 3 (Continued): COURSE/TRAINING INFORMATION

Please list the courses and/or trainings completed for this application. Each course and/or training indicated must be accompanied by documentation in the form of a certificate, letter, or transcript. **Attach supporting documents in the order listed below.** Unofficial transcripts within the last 3 years will be accepted. The subcommittee reserves the right to request for official transcript.

Official Use Only	No.	Name of Course or Training	Instructor/Sponsor
	21		
	22		
	23		
	24		
	25		
	26		
	27		
	28		
	29		
	30		
	31		
	32		
	33		
	34		
	35		
	36		
	37		
	38		
	39		
	40		

*If additional information is needed to complete the Course/Training Information Section, please use a separate sheet of paper applying the same format above.

Section 4: BACKGROUND INFORMATION

1. **EDUCATION:** Please list your educational information.

A copy of High School Diploma/GED must accompany this application. However, if a higher degree was obtained and a transcript is submitted (Associate, Bachelor, Masters, or Doctorate) then evidence of a High School Diploma/GED is waived.

	School	Certificate or Degree Obtained	Date Received (Month/Year)
High School			
College			

2. **WORK EXPERIENCE:** Have you been employed in other center-based or group-based child care facilities? If yes, please list prior places of employment related to child care and/or caring for young children.

YES NO

Employer	Contact Number or Email Address	Start Date – End Date (Month/Year)	Reason for leaving

3. **EXPERIENCE:** Have you had any experience in caring for young children, ages birth to five years old?

Experience with relevant and appropriate age group include: camp counseling, baby-sitting, parenting, foster care, Head Start Parent, volunteer, or group/family/center child care.

Note: This will not be considered when applying for Certification as a Master Provider Level1-4.

YES NO

Experience with children birth through five years	Start Date – End Date (Month/Year)

I do hereby acknowledge that all information contained in this form and accompanying documents are accurate. If the form does not meet the requirements for completion, as stated in Guam’s Plan for Professional Development, BCCS will return the Application for Path A Certification indicating the reason(s) for disapproval to my Early Childhood Director/Child Care Owner. As a result, I will have to complete and resubmit my application and documentation for review and certification.

Name: _____

Signature: _____

Date: _____

Official Stamp Only