# North Carolina Infant-Toddler Program (ITP)

# Application for Infant, Toddler, and Family Certificate (ITFC)

**Introduction:** The NC ITP credential is the ITFC. New NC ITP providers of early intervention service coordination and special instruction services are eligible to apply for the ITFC.

After completing the application below, be sure to sign and date it. By doing so, the applicant is agreeing that they have reviewed the [ITP Procedural Guidance for Personnel Certification](https://www.ncdhhs.gov/itp-policy-and-procedures-personnel-certificationdocx/download?attachment) document and that the information provided within this form is correct. Submit the completed application and a copy of your official transcripts to the [Children’s Developmental Services Agency (CDSA)](https://beearly.nc.gov/index.php/contact/cdsa) for the county where the services will be provided. CDSAs will award or deny the certificate within 30 days of application receipt.

**Early Intervention Service to be Provided:**

Early Intervention Service Coordination  Special Instruction

**Applicant’s Information**

|  |  |
| --- | --- |
| Name |  |
| Home Mailing Address |  |
| Main Contact # |  |
| Email Address |  |
| Name of Employer |  |
| Employment Date |  |

**Applicant’s Educational Attainment (**bachelor’s degree or higher):

Attach copy of your official transcript(s); Name, degree type, major, date awarded, and university’s official signature/seal must be clearly listed

|  |  |
| --- | --- |
| Degree |  |
| Major |  |

**\*Please answer the following questions.** (They are asked in accordance with [NC Session Laws 2019-91](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Furldefense.com%2Fv3%2F__https%3A%2Fwww.ncleg.gov%2FEnactedLegislation%2FSessionLaws%2FPDF%2F2019-2020%2FSL2019-91.pdf__%3B!!HYmSToo!cgjTXwebP7WCOWlKLJohFPzolz1nOZkCYyQJM5x4LHOHd8GZ6h7MX_RQCo9Of-V3aofpfwf86Fz0FD_vca56kOfEs7Ii_WeS09vO6qs%24&data=05%7C02%7Ckrystal.davis%40dhhs.nc.gov%7Cee504df40fa5458a44c108dca5d4da4f%7C7a7681dcb9d0449a85c3ecc26cd7ed19%7C0%7C0%7C638567581196118960%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=QP%2B3sboY1ixTCH2YhJYlh04%2F11nV3kMNJtpkc9PCLT4%3D&reserved=0) and [SL 2020-87.](https://www.ncdhhs.gov/sl-2020-87-section-2-state-agency-licensing-boards-military-final/open) The responses are being collected for statutory purposes and identifying information shall not be disclosed with your response.):

1. Do you have a conviction record?  Yes  No

If yes, please list all convictions:

1. Do you have any prior or current military service? Yes No
2. Are you a spouse of a current, active military service member? Yes No

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Signature of Applicant** | |  | | |  | **Date** |  |
| **For CDSA Use Only** | | | | | | | |
| 1. Date Received by CDSA | |  | Recipient’s Name | | | | |
| 1. Date Certificate Awarded | |  | Awarded by | | | | |
| **OR**  Date Certificate Denied | |  | Declined by | | | | |