**INFANT, TODDLER & FAMILY** **CERTIFICATE**

**This is official documentation for continuing professional development, and may be requested by the NC Infant-Toddler Program for verification of information. This form must be typed and copies of supporting documentation, e.g. training certificates, must be submitted along with this form.**

**Upon completion, make a copy of this form and the supporting documentation for yourself and give the original to your employer. This educational record must be retained by both you and your employer for 10 years.**

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| **Name:** |  | | | | |  |
| **Title:** |  | | | | |  |
| **Employer (Ex. Baby Steps, Inc., or Shelby CDSA)**: | | | |  | |  |
| **Employer’s phone #:** | |  | | | |
| **CDSA(s) served, if applicable:** | | |  | | |
| **Professional Development Period (current year)**: | | | | | **January 1**,       **to** **December 31,** |  |
|  | | | | |  |  |
| **Annual Professional Development Requirement: 10 Contact Hours (1.0 CEU)** | | | | | | |

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| **Course Title** | **Credit Obtained From**  **(*See*** [***Continuing Professional Development***](http://www.beearly.nc.gov/index.php/providers/certification) **list for approved entities.)** | **Date(s)**  **(Ex. 12/13/15)** | **Hours**  **(Ex. 1.0, 1.25, 1.5, 1.75)** |
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| **Total Hours:** | | |  |

**By signing and dating below:**

* **I affirm that the information provided on this continuing professional development form is accurate.**
* **I affirm that, in accordance with the Continuing Professional Development requirements outlined in the January 1, 2014 NC Infant-Toddler Program Guidance for Personnel Certification, I have participated in a minimum of 10 professional development training hours.**

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| **Employee Signature** |  | **Date** |

**Purpose:** This form is to document your 10 continuing professional development hours for the professional development period/year. Please attach your supporting documentation to this form. This is your annual educational record and should be given to your employer to review for compliance. Both your employer and you will need to maintain this educational record for 10 years as it may be needed for monitoring by relevant agencies.

**Directions: This form must be typed**

**Table 1:**

* Complete the identifying and contact information requested.
* The professional development year is the current year that you are acquiring your 10 hours of professional development.
* Example: If trainings were taken in 2015, then the professional development period is January 1, 2015 to

December 31, 2015.

**Table 2:**

**After training is taken enter:**

* **the course title,**
* The course has to be about infants and toddlers with or without disabilities and their families.
* If it is not related to infants and toddlers and their families, it is **NOT** acceptable and should not be included.
* If only a portion of the training is relevant, attach documentation (like an agenda) and enter only the number of hours that were relevant on this form.
* **the entity the training was taken from**
* The training has to be supported by an entity from the [*Continuing Professional Development*](http://www.beearly.nc.gov/index.php/providers/certification) list.
* If it is not supported by an approved entity then it is **NOT** acceptable and should not be included.
* **the six digit date of the training, and**
* **the number of contact hours** (.25=15minutes, .5=30minutes, .75=45minutes, and 1.0=60minutes)
* **Make sure to attach documentation that supports all the information that you entered into the table.**
* Documentation may include a certificate, brochure, agenda, webpage about the training, training Powerpoint.
* If the approved training source does not offer a certificate upon completion, the individual can print the slides, handouts, documents, and/or other materials associated with the training and attach to this form. Also include a statement about how the training supports evidence-based practices for infants and toddlers and explain how you will apply the information to your practice.

**🡺 Ask yourself… If I was selected for monitoring, would they be able to determine the requirements were met from the information that I provided? If not, please include the needed documentation.**

**Table 2 Example:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Course Title** | **Credit Obtained From**  **(See**[***Continuing Professional Development***](http://www.beearly.nc.gov/index.php/providers/certification) **list for approved entities.)** | **Date(s)**  **(Example: 12/13/15)** | **Hours**  **(Example:**  **1.0, 1.25, 1.5, 1.75)** |
| **Yes ☺** | **Early Childhood Development** | **Office of Head Start** | **03/23/15** | **3.5** |
| **No ☹** | **~~Bullying in Middle School~~**  Not related to infants, toddlers and their families | **~~Davis Therapy, Inc.~~**  Not on approved list | **~~3/2015~~**  Not a six digit date | **~~3 hours 30 min~~**  Not in decimal format |

**After you have acquired the 10 hours of continuing professional development required and completed the form:**

* **Print off this form and sign and date**
* Your signature affirms that you have met ITF certificate requirements and completed the form correctly.
* **attached the supporting documentation,**
* **provide your employer a copy for review, and**
* **make a copy for your records and the employer files the original** 
  + - the Division of Medical Assistance requires it be retained for 10 years