



**Recertification Application for San Joaquin County – AB212  
Funding January 1, 2011-December 31, 2011**

**Part 1: APPLICANT INFORMATION**

Please type or print (in blue or black ink) all information legibly.

1. What is your legal Last Name?	2. What is your legal First Name?	3. Middle Initial:
4. Social Security Number:	5. Date of Birth:	6. Gender:
7. Home Address:	8. City:	9. State:      10. Zip:
11. Mailing Address:	12. City:	13. State:      14. Zip:
15. Home Phone:	16. Alternate Contact Number:	17. Email Address:

**Education**

What is the **highest level** of education attained? (*please check one*)

- Less than a High School Diploma**
- High School Diploma or GED**
- Some College/Graduate Courses**
- AA/AS Major** \_\_\_\_\_ **Date Awarded:** \_\_\_\_\_
- BA/BS Major** \_\_\_\_\_ **Date Awarded:** \_\_\_\_\_
- Graduate Degree/Major** \_\_\_\_\_ **Date Awarded:** \_\_\_\_\_
- Other (please specify)** \_\_\_\_\_

**Permit Status. Please check appropriate Permit Level and insert date.**

*\*Must attach copy of your current **VALID** Permit or Receipt of Application for a Permit.*

<b>#1 Applied New:</b> <b>Date:</b>	<b>#2 Current Permit:</b> <b>Expires:</b>	<b>#3 Upgraded to:</b> <b>Date:</b>	<b>#4 Renewed:</b> <b>Date:</b>
<input type="radio"/> Assistant	<input type="radio"/> Assistant	<input type="radio"/> Assistant	<input type="radio"/> Assistant
<input type="radio"/> Associate Teacher	<input type="radio"/> Associate Teacher	<input type="radio"/> Associate Teacher	<input type="radio"/> Associate Teacher
<input type="radio"/> Teacher	<input type="radio"/> Teacher	<input type="radio"/> Teacher	<input type="radio"/> Teacher
<input type="radio"/> Master Teacher	<input type="radio"/> Master Teacher	<input type="radio"/> Master Teacher	<input type="radio"/> Master Teacher
<input type="radio"/> Site Supervisor	<input type="radio"/> Site Supervisor	<input type="radio"/> Site Supervisor	<input type="radio"/> Site Supervisor
<input type="radio"/> Program Director	<input type="radio"/> Program Director	<input type="radio"/> Program Director	<input type="radio"/> Program Director

**Part 2: EMPLOYMENT INFORMATION**

PLEASE DO NOT LEAVE ANY FIELDS BLANK. PUT N/A IF THIS DOES NOT APPLY.

1. Agency Name:		2. Name of Site:	
3. Director's Name: <i>(At Organization Level)</i>		4. Physical Address of Site:	
5. Director's Phone Number: (     )     -		6. City:	7. Zip:
8. Supervisor's Name: <i>(At Site)</i>		9. Site Phone Number: (     )     -	
10. Supervisor's Phone Number: (     )     -		11. Site Fax Number: (     )     -	
12. Indicate with a number, how many children you work with in each of the following age groups: _____ Birth to 23 months    _____ 24 months to 35 months    _____ 3-5 years    _____ School-Age (K-6)			
13. Start Date with current Employer Month_____ Day_____ Year_____		14. Number of months worked in 2011 _____	15. Hours worked per Week _____
16. Hourly Wage: _____ or Annual Salary: \$_____ (Annual Gross Salary, before taxes and not including benefits received from this child care position)			

**Part 3: EMPLOYMENT VERIFICATION:** To be completed by the program's director/site supervisor. Family Child Care Network providers must obtain verification of services from the lead agency.

This applicant is or was employed in a position working directly\* with children as their primary caregiver/teacher and has been continuously employed for at least 6 months between January 1, 2011-December 31, 2011.

This applicant is a \_\_\_\_\_ at the agency named on this page. To the best of my  
(job title)  
knowledge, this applicant is eligible for a San Joaquin County AB212 Child Care Retention/Incentive Program.

\_\_\_\_\_  
Program Director Signature\_\_\_\_\_  
Date

*\*Hours spent with kids assigned to their classroom on teaching, playground supervision and shared mealtime are eligible for consideration towards meeting program requirements.*

**Part 3: Stipend Amount Requested:**

In order to be considered toward meeting program eligibility requirements, completion must have been between January 1, 2011-December 31, 2011 and can only be counted once. Please complete Part A or B. In addition to Part A or B please complete Achievement Bonus Stipend if applicable.

**OFFICIAL AND SEALED TRANSCRIPTS ARE REQUIRED WITH THIS APPLICATION TO VERIFY COMPLETION**

**Part A Section One- College or University Coursework Completed (Permit/Degree Track)**

- Coursework must be Child Development Permit applicable and in the field of child development or early childhood education.
- Official and sealed transcripts are required to verify completion.
- This track is designed for early educators who are working toward a degree or permit in Early Childhood Education or educational related subject.

\$600 I completed at least 3 child development permit and/or degree applicable units, which are documented on official and sealed transcripts, from an accredited college or university and earned a grade of C or better.

\$750 I completed at least 6 child development permit and/or degree applicable units, which are documented on official and sealed transcripts, from an accredited college or university and earned a grade of C or better.

\$900 I completed at least 9 child development permit and/or degree applicable units, which are documented on official and sealed transcripts, from an accredited college or university and earned a grade of C or better.

\$1,200 I completed at least 12 child development permit and/or degree applicable units, which are document on official and sealed transcripts, from an accredited college or university and earned a grade of C or better.

**Part A Section Two – General Education Book Stipend \*Dependent on Available Funds**

- Coursework must be Child Development Permit applicable from an accredited college or university and in the field of child development or early childhood education.
- Official and sealed transcripts are required to verify completion.

I completed at least one general education course from an accredited college or university and earned a grade of C or better between January 1, 2011 and December 31, 2011 and am eligible for a book stipend in the amount of \$100/per course.

Number of eligible course(s) \_\_\_\_\_ X \$100 per course completed = \$\_\_\_\_\_.

**OR**

**Part B Retention Track (Site Supervisor or higher permit)**

- Complete 18 hours of Professional Growth during the program year. Must submit certificate listing the title of the workshop/training, number of hours in attendance, date of workshop and signature of the trainer/facilitator. Not to include CPR or First Aid.

\$500 I have continued professional growth through trainings and professional development activities to enhance my practice as an Early Childhood Educator between January 1, 2011 and December 31, 2011.

**Achievement Bonus Stipends**

- If funds are available after entry, permit, degree and retention stipends have been awarded then those applicants who exceed maximum stipend or eligibility program requirements between January 1, 2011 and December 31, 2011 can receive an achievement bonus stipend. Stipend amounts will be determined by AB212 Advisory Committee and based on fund availability.

Degree Completion (AA, BA, MA) - Please submit copy of degree and/or official transcripts.

Current Membership to CAEYC/NAEYC/or local affiliate CVAEYC - Please provide copy of membership including expiration date.

Upgrading Permit - Please submit copy of Previous and Current Permit.

Mentor/Trainer - Please submit documentation that you are or were a California Mentor between the above eligibility dates. San Joaquin County Trainer of Trainers must submit documentation to include the title, date, number in attendance of at least one workshop conducted within the eligibility dates.

**Priority for Distribution of Stipends**

1. Qualified Recertification applicants will have first priority.
2. In the event there is not enough stipend money available to fund all qualified applicants, the book stipend may not be funded and remaining funds will be divided proportionately among all remaining qualified applicants.

## Signature Page

### *Statement of Understanding*

*Please read and sign that you understand the following information:*

- I understand that I am NOT guaranteed an award. If I do receive an award, it will be considered taxable income and tax-related information will be provided to the appropriate agencies.
- I understand that should SJCOE/ AB212 funding prove to be insufficient to provide awards to all qualifying recipients, priority for funding would begin with recertification applicants.
- I understand that sealed official transcripts must be provided with the application.
- I have read and understand the eligibility requirements.
- I understand and agree to the stated appeals process.
- I certify the information I am submitting in this application package is true to the best of my knowledge and understand that false information will constitute in having my application rejected without opportunity for appeal.

**List below other names that you have used in the past if different from the name you are using on this application (e.g. maiden name, hyphenated name, or any other name change occurrences):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

### Confirmation of Application

*Please check box if you would like email notification.*

**I would like to receive email confirmation of my application. Please confirm email address listed on page 1, question #17 of the stipend application.**



## Application Checklist

Please review the following items and place a check mark by each one as they are completed as these are required for you to be eligible. This is a great tool for accuracy.

- \_\_\_\_\_ 1. I have completed AB212 Application Form (Pages 1-5).
- \_\_\_\_\_ 2. I have signed the Signature Page (Page 5).
- \_\_\_\_\_ 3. Director/Supervisor has signed to verify my employment information or Lead Agency has provided documentation of services. (Page 2).
- \_\_\_\_\_ 4. Official and Sealed Transcripts and/or copies of Continuing Education Workshops (Professional Growth) certificates are attached.
- \_\_\_\_\_ 5. A copy of a current valid permit or verification of eligibility from San Joaquin County Office of Education Permit Department is attached.
- \_\_\_\_\_ 6. Application and attachments must be mailed or postmarked on or before February 28, 2012 to:

**San Joaquin County Office of Education  
Early Childhood Education  
P.O. Box 213030  
Stockton, CA 95213-9030**

*\*Please do not include this page with application and supporting documentation. Thank you for your application.*