

Quinsigamond Community College

Leadership in Early Education and Care Certificate (Evening Only) Application [EEC]

Notification: Please note in order to be accepted into this Leadership Certificate program, student must have earned an Associate Degree and provide verification of employment within the Early Education field.

Name: _____ **QCC I.D.#:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Please fill in your employment and license information below.

Employer Name: _____

Address: _____ **City:** _____ **ST:** _____ **Zip:** _____

EEC License number: _____

Teacher Lead Teacher Director I Director II

Direct Supervisor: _____ **Phone:** _____

Program Director: _____ **Phone:** _____

Your Job Title: _____

How long have you been employed in Early Childhood Education? Years: _____ **Months** _____

Job Setting - Public School (Select all that apply to your EEC License/Employer):

Grade Head Start Center Based Family Child Care **Other** _____

Describe your work responsibilities:

Education: Please check all that applied to you.

- High School Diploma or GED/HiSET.
- I have completed an associate degree to complete this certificate.
- I have enclosed a copy of employment verification within the Early Education field.

***Applicant Signature:** _____ **Date:** _____

***Direct Supervisor Signature:** _____ **Date:** _____

**As the applicant's direct supervisor, I am aware of the requirements of the Early Childhood Leadership Program and fully support this application.*

***Return Application to:**

Quinsigamond Community College
Attn: Enrollment Processing Box 9
670 West Boylston Street
Worcester, MA 01606 -2092

Questions:

Contact: Admissions Office

Email: admissions@qcc.mass.edu