Quinsigamond Community College

Early Childhood Education Birth through Eight Years Old Degree Option (Evening Only) Application [ECBA]

Notification: Please note in order to be accepted into this Certificate program, student must have either a letter from employer or EEC Teacher Certificate and have over 960 hours of documented experience in an EEC licensed program or public school.

| Name: | QCC I.D.# | QCC I.D.#: | | |
|---|---|--------------------------|-----------------|--|
| Address: | City: | State: | Zip: | |
| Phone: | | Email: | | |
| Please fill in your employment and | license information b | elow. | | |
| Employer Name: | iteense injormation o | | | |
| Employer Name: Address: EEC License/Certification number: | City: | ST: | Zip: | |
| EEC License/Certification number:_ | | 21. | | |
| ☐ Teacher ☐ Lead Teacher | Director I | Director II | | |
| Direct Supervisor: | _ Birector r | Phone: | | |
| Program Director: | | Phone: | | |
| Your Job Title: | | | | |
| Hours worked/week: | | | | |
| How long have you been employed i | n Early Childhood Ed | ucation? Years: | Months | |
| Describe your work responsibilities: | | | | |
| Education: <i>Please check all that ap</i> | • | | | |
| ☐ I have completed an associate | | nis certificate | | |
| ☐ I have enclosed a copy of em | | | ducation field. | |
| 17 | 1 , | J | | |
| *Applicant Signature: | | Date: | | |
| *Direct Supervisor Signature: | | Date: | | |
| *As the applicant's dir | ect supervisor, I am aware dership Program and fully | e of the requirements of | f the | |
| *Return Application to: | Questi | ions: | | |
| Quinsigamond Community College | _ | et: Admissions Office | e | |
| Attn: – Enrollment Processing Box 9 | | | | |
| 670 West Boylston Street | Email: | admissions@qcc.ma | ass.edu | |
| Worcester, MA 01606 -2092 | | | | |