

Gateways to Opportunity® Higher Education Entitled Route Credentials Supplement Application

For questions and additional information about Gateways Credentials and a list of Entitled Institutions please call 866.697.8278 or visit us at www.ilgateways.com.

Entitled Institution Attended: _____

Credential(s) applying for: *(please check all that apply)*

- ECE Credential
- Infant Toddler Credential
- Illinois Director Credential

If you currently hold a Gateways to Opportunity credential(s), please indicate the type and level previously awarded:

- | | | | |
|---------------------------------------|--|---|--|
| <input type="radio"/> ECE Credential: | <input type="radio"/> Infant Toddler Credential: | <input type="radio"/> Illinois Director Credential: | <input type="radio"/> ECE Credential Level 1 |
| <input type="radio"/> Level 2 | <input type="radio"/> Level 2 | <input type="radio"/> Level I | |
| <input type="radio"/> Level 3 | <input type="radio"/> Level 3 | <input type="radio"/> Level II | |
| <input type="radio"/> Level 4 | <input type="radio"/> Level 4 | <input type="radio"/> Level III | |
| <input type="radio"/> Level 5 | <input type="radio"/> Level 5 | | |

How did you first learn about the Gateways Credentials Program? *(check only one)*

- | | | |
|--|--|--|
| <input type="radio"/> Center Director | <input type="radio"/> Local Child Care Resource & Referral | <input type="radio"/> Conference/Presentation |
| <input type="radio"/> Mailing | <input type="radio"/> Co-Worker | <input type="radio"/> Professional Development Advisor |
| <input type="radio"/> Provider Association | <input type="radio"/> Website/Social Networking | <input type="radio"/> Other _____ |

Please include a check for \$30 payable to: INCCRRA (all fees are non-refundable)

APPLICANT SIGNATURE

I verify that I have read this paragraph and that all information provided is true and accurate. By signing below I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted. I understand that the Illinois Department of Human Services may use my name and application information for research/evaluation purposes. I understand that any false or misleading statements or subsequent documentation may constitute grounds for denial or subsequent withdrawal of any Gateways to Opportunity Credential.

Print Name: _____

Applicant Signature: _____ Date: _____

Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701